

# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

INSIDE  
OTC GUIDE TO MEDICINES



## Original sounds

A hit of the 50's, 60's, 70's, 80's, 90's



## CERUMOL®

An arachis oil base containing  
paradichlorobenzene and chlorbutol.

**EAR DROPS**

Sound advice for decades



Further information is available from:  
Laboratories for Applied Biology Ltd  
91 Amhurst Park, London N16 5DR  
Telephone 0181-800 2252

Over the years, Cerumol has been working to help millions of people who suffer from the problem of hardened ear wax.

Cerumol works effectively by softening and loosening ear wax, making syringing easier and often unnecessary.

Cerumol has an established track record so you can recommend with confidence.

Cerumol will be actively promoted this year and that will increase consumer demand for this 'all time classic'. Be in on the scene and stock Cerumol, which covers both prescription and OTC needs.

CERUMOL Product licence held by Laboratories for Applied Biology Ltd, 91 Amhurst Park, London N16 5DR. **Uses:** Occlusion or partial occlusion of external auditory meatus by either a collection of soft wax or a harder wax plug. **Dosage and administration:** With the head inclined, 5 drops are put into the ear. This may cause a harmless tingling sensation. A plug of cotton wool moistened with Cerumol should then be applied to retain the liquid. One hour later, or the next morning, the plug is removed. The procedure is repeated twice a day for three days, the loosened wax may then come out on its own, making syringing unnecessary. If any wax remains, the doctor should be consulted so that syringing of the softened residue may be carried out. **Contra-indications, warnings, etc:** Otitis externa, seborrhoeic dermatitis, eczema

affecting the external ear and perforated ear drum. Although there have not been any reports of reactions, patients known to be allergic to peanuts are advised not to use Cerumol, which contains arachis oil which comes from peanuts. **Use in pregnancy:** No side-effects have been reported. **Other special warnings:** Not to be taken internally. Do not use for more than three days. If the condition persists, consult your doctor. **Price:** £1.72 (excluding VAT) for 11ml vial with separate dropper. **Legal category:** P. **Product licence number:** 0118/0013R. **References:** 1. Frazer, J.G., J. Laryng & Otol, 1970, 84, 1055. 2. Holmes R.C., Johns A.N., Wilkinson J.D., Black M.M., Rycroft R.J.G., J. Soc. Med., 1982, 75, 27-30. Cerumol is a registered trade mark.

30 March 1996

## PHS successful in DoH tender

## NI rural guidelines get final go-ahead

## Net gains: pharmacy sources on the Internet

## The future looks bright for shades this summer



## Nucare: improving the independent's lot

## Moss shines as Unichem profits jump 12pc

## EC refers Gehe bid for Lloyds back to UK

Online at <http://www.dotpharmacy.com/>

# Clearasil MAX 10



Contains Benzoyl Peroxide.

## VOTED BEST SPOT TREATMENT CREAM BY 'IT'S BLISS'

Thousands of spotty teenagers will see this in April's 'It's Bliss' magazine. They'll know there is no stronger spot cream available without prescription. For more information on stocking the Clearasil products Max 10.

Lotion and Facewash, contact our customer service line: 0800 590 555.

**Active Ingredients:** Benzoyl peroxide 10% w/w. **Indications:** Treatment and prevention of acne, spots, pimples and teenage skin problems. **Dosage and Administration:** After washing affected areas, apply cream. For the first week apply the cream once daily, thereafter twice daily or as directed by physician. **Contra-Indications:** Use in patients hypersensitive to benzoyl peroxide. **Precautions, Side Effects and Warnings:** A mild burning or tingling sensation may be felt when using for the first time. Some redness and peeling may occur during the first few days of use. This indicates the product is working. If excessive redness, itching or irritation occurs, stop using the product and see your doctor. Keep away from eyes, lips and mouth. Coloured fabrics may be bleached by this product. For external use only. **Product Licence Number:** PL0129/0067 (Colourless) and PL0129/0068 (Cover Up). **Product Licence Holder:** Procter & Gamble (Health & Beauty Care) Limited, Rusham Park, Whitehall Lane, Egham, Surrey, TW20 9NW.

**Legal Category:** P. **Price (excluding VAT):** £3.40. Date of Preparation: February 1996.



It is encouraging to see that the Department of Health has endorsed the health promotion activities that the Pharmacy Healthcare Scheme has been channelling through community pharmacies in recent years (p408). The Scheme's future is secure for at least three years, which will give time to broaden its scope and further develop its expertise.

That there is a continuing need for PHHS initiatives is evident from a recent survey by the Health Education Authority into consumer attitudes towards sunscreens. Despite sterling efforts by sun care companies and healthcare professionals to educate consumers about the dangers of over-exposure to the sun, the HEA survey reveals alarming levels of ignorance. You might think that the simple message, that a high SPF number means high protection, is now well understood, but while 67 per cent of the 2,000 people interviewed had heard of sun protection factors, only one in five correctly understood what the term meant. Consumers also appeared to be confused about on-pack information and a worryingly high 46 per cent said they had not used a sunscreen at all recently.

It appears that there is still a major health promotion job to be done, especially as the HEA survey suggests that people are beginning to think of sunscreens as health products and not just toiletries. This puts community pharmacists very much in the front line. They need to ensure that they and their staff can advise on 'safe sun' behaviour. The time to make sure pharmacy staff have got the message is now. It will help someone. Skin cancer, a consequence of over-exposure, is increasing in the UK to over 40,000 cases a year. There were 2,007 deaths in 1994, up 60 per cent on a decade ago, but experts believe that, in four out of every five cases, the disease is preventable.

## CHEMIST & DRUGGIST

Editor Patrick Grice, MRPharmS  
Assistant Editor/Beauté Editor Liz Jones, BA  
Contributing Editor

Adrienne de Mont, MRPharmS  
News Editor Marianne Mac Donald, MRPharmS  
Technical Editor Maria Murray, MRPharmS  
Reporter Fawz Farhan, MRPharmS  
Business Reporter Lisa Oxlade  
Art Editor Tony Lamb

Price List Colin Simpson (Controller)  
Darren Larkin, Maria Locke

Advertisement Manager Julian de Bruxelles  
Assistant Advertisement Manager Doug Mytton  
Display Advertisement Executives  
Martin Calder-Smith  
Nick Fisher

Production Katrina Avery

Publisher Ron Salmon, FRPharmS  
Publishing Director Roger Murphy

© Miller Freeman plc. 1996

Chemist & Druggist incorporating Retail Chemist & Pharmacy Update

Published Saturdays by  
Miller Freeman Professional Ltd  
Sovereign Way, Tonbridge, Kent TN9 1RW  
Telephone: 01732 364422  
Telex: 95132 MILFRE G  
Fax: 01732 361534  
E-Mail: chemdrug@dotpharmacy.com  
Internet site:  
http://www.dotpharmacy.com/

Subscriptions: Home: £108 per annum  
Overseas & Eire £155 per annum  
including postage  
£2.25 per copy (postage extra).

Circulation and subscription: Royal  
Sovereign House, Beresford Street,  
London SE18 6BQ. Tel: 0181 855 7777

Refunds on cancelled subscriptions will  
only be provided at the publisher's  
discretion, unless specifically  
guaranteed within the terms of  
subscription offer.

The editorial photos used are courtesy  
of the suppliers whose products they  
feature.

**un** Miller Freeman  
A United News & Media publication



**ABC**  
BUSINESS PRESS

# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

VOLUME 245 No 6028 136th YEAR OF PUBLICATION ISSN 0009-3033

Pharmacy Healthcare successful in health promotion tender 408

Talks with NHS Executive on three-year contract start soon

N Ireland rural guidelines come in after five-month delay 409

Only patients 5km from a pharmacy eligible for GP dispensing

The Schaffer affair: another two struck off 410

Hearings over unlicensed wholesaler continue

Pharmacy-related resources on the Internet 420

Paul Hodgkinson advises on E-mail and the WWW



No gain without pain on the way ahead 425

Roger King gives some personal thoughts on  
ways the pharmacy contract might be developed

Marketing your services within the NHS 426

A quick guide from Dr Maureen Devlin

Sunglasses: C&D looks at a significant seasonal market 428

Wearing the right shades can be good preventative medicine

Staff training is not just for new recruits 430

Terry Maguire writes about planning and implementing training

Nucare: working to improve the independent's lot 431

Managing director Veni Harania talks of his expansion plans

Unichem profits up 12pc with 8p per share dividend 432

Moss adds 70 pharmacies and boosts operating profits 48pc

EC refers Gehe bid for Lloyds back to UK 432

Reference to Monopolies Commission now widely expected

## REGULARS

News	408	Business News	432
AphA Report	411	Coming Events	433
Topical Reflections	411	Classified Advertisements	434
Prescription Specialities	412	Business Link	435
Counterpoints	414	About People	438

# Pharmacy Healthcare Scheme's future secure

The Pharmacy Healthcare Scheme has secured a Department of Health tender to provide health promotion services through pharmacies, guaranteeing its future for a further three years.

Post-tender negotiations are to get under way with the NHS Executive shortly to agree contractual arrangements.

The PHIS' secretary, Saskia Zeelenberg, feels the award is an endorsement of the work the PHIS has done over the past ten years. "It's nice that the Department has recognised that the profession is able to do the work it wants to see done in the field of health promotion," she says.

The DoH has previously allocated £200,000-300,000 for phar-

macy health promotion, split between the PHIS and another candidate shortlisted for the tender, the Health Education Authority. It is expected that budgets will remain the same, but with the funding falling solely into the PHIS' hands.

This, coupled with a reduction in the number of health promotion leaflets produced – from 12 to eight a year – will free the PHIS to expand and diversify. "The tender document had a lot of new, totally fresh ideas," adds Ms Zeelenberg.

Under the contract, PHIS will evaluate the health promotion service, improve distribution and undertake to inform pharmacists and produce relevant materials

to do so. There is a possibility of recruiting further staff for the two-person team, which is based at the Royal Pharmaceutical Society's headquarters.

The Society's secretary and registrar, John Ferguson, is confident that negotiations will be completed successfully. With these agreed, "the Scheme will continue to be driven by the profession and, thus, have the support of all community and hospital pharmacists".

The tender was to "identify topics suitable for health promotion through pharmacies facilitating public access to health promotion literature in pharmacies and evaluating the impact of its services".

## Market town dilemma returns

The market town situation has reared its head again, giving new impetus to the Pharmaceutical Services Negotiating Committee's push to alter Regulations to prevent future occurrences.

Both GP surgeries in Daventry, Northamptonshire, have obtained dispensing rights for patients living more than a mile from the town, despite the presence of four pharmacies.

The original applications were refused in May, 1994, on the grounds that they would prejudice pharmaceutical services. However, this was overturned by the Appeals Unit last December and one practice will start dispensing in May.

The PSNC's assistant secretary, Mike King, says it is a prime example of the situation it is trying to stop. "It's an absolute nonsense that you have a doctors' practice being granted permission to dispense in proximity to other pharmacies."

## Counterpart: why pay more?

Cambridge Counterpart, now accredited by the College of Pharmacy Practice, is one of the most cost-effective ways to ensure your pharmacy assistants comply with the Royal Pharmaceutical Society's training requirements.

Thanks to sponsorship from Whitehall Laboratories, the 14-module package is available to C&D subscribers at a heavily-subsidised price, making it the best value in training.

If you have not yet enrolled your staff, see C&D March 16, pp334-335, for details of how to sign up. A full explanation of the course and enrolment form are also on pp8-9 in the latest *Over the Counter* magazine for pharmacy assistants, enclosed with last week's issue.

If you are an existing course user, but not registered to use the interactive marking system, you need to register now, as required by the accrediting body, the College of Pharmacy Practice.

PIN users registered with C&D before March 9 can access all modules for marking by dialling 0990 274120.

## Norwich pharmacist cleared

Pharmacist Bharti Shah walked free from court on Friday after the prosecution dropped seven deception charges against her.

Ms Shah, 42, of Norwich, had denied obtaining a total of \$138.84 from the Norwich Family Health Services Authority. It had been alleged she had used a repeat prescription system to fraudulently claim extra cash from the NHS. On the Register for 18 years, Ms Shah runs her own pharmacy in Norwich.

The case foundered after a number of witnesses said they were not sure whether they had received drugs on disputed prescription forms. Other prescriptions involving one particular family had been issued by a locum pharmacist.

The defence barrister, David Aaronberg, claimed the prosecution had ignored a number of factors, including statements from 60 patients backing up Ms Shah's case.

It was accepted that she had signed prescription forms for patients when she should not have done, but that was a matter for the Royal Pharmaceutical Society.

She had lied to police about signing the forms, but she was in a state of shock, having fainted when police arrested her. The proceedings had taken a heavy toll on Ms Shah, who had had them hanging over her for 18 months. She had always acted out of concern for her patients' welfare, said Mr Aaronberg.

## Coleman not to stand for Council

Past-president and Royal Pharmaceutical Society Council member David Coleman will not stand for re-election this year.

"It's a great shame, but the time involved, along with my business, is proving to be difficult to manage," says Mr Coleman.

The Young Pharmacists' Group says it is "reasonably certain" that the remaining six Council members will stand: David Allen, Geoff Booth, Ian Caldwell, Ann Lewis, Alan Nathan and Hemant Patel. Three more are said to be seeking election: Bryan Veitch, Pat Hoare and Ian Jones.

The YPG is holding a hustings on April 21 at the Friendly Hotel, Walsall. For more details contact Mark Koziol on 0121 233 0708.

## Script policing concerns allayed

The NHS Executive has confirmed that pharmacists will not be expected to 'police' prescription exemptions once the Prescription Fraud Squad is established (C&D March 16, p332).

In a letter to the Pharmaceutical Services Negotiating Committee, the Executive says there are no new proposals of this kind "for the present". PSNC secretary Stephen Axon has replied that policing of prescription

exemptions would be as unacceptable in the future as it is now.

A story in last week's *GP* claimed health ministers had scrapped plans to make dispensing doctors obtain patient signatures on FP10 forms. But Mr Axon told C&D that the Department of Health had confirmed on Tuesday that it still believed arrangements should be the same for both professions.

He has written to the Depart-

ment seeking assurance that pharmacists and dispensing doctors would be treated equally regarding declaration requirements on FP10s. PSNC has always stressed that it would not accept discriminatory treatment.

● Pharmacists are reminded that prescription fees rise to \$5.50 from April 1. Pre-payment certificates also increase: \$28.50 for four months and \$78.40 for a year.



## 8th OTC Guide

The 8th edition of *Chemist & Druggist's Guide to OTC Medicines* is published with this issue as part of the subscription package.

It is the only comprehensive listing of all licensed allopathic, homoeopathic and herbal OTC medicines marketed in the UK.

Designed for use by pharmacists and assistants, it is an essential and recommended reference for those pharmacies using C&D's accredited Cambridge Counterpart course for training medicine counter assistants.

## NI rural dispensing guidelines go-ahead

Amendments to Northern Ireland's rural dispensing guidelines come into force this week, after a five-month delay (C&D November 4, p648; November 11, p683).

The guidance to the Province's four health boards means only patients who live more than five kilometres (3.1 miles) from a pharmacy should normally be considered for inclusion on a doctor's dispensing list. Previously, the limit was two miles.

A patient who is normally able to attend the doctor's surgery should not be included on the list

if the surgery is within one kilometre (0.61 miles) of the nearest pharmacy and that pharmacy provides a comprehensive collection and delivery service for patients.

However, there is scope within the guidelines for individual cases to be considered by the health board. Plans are also being put in place to introduce a scheme to protect the viability of the 30 dispensing doctor practices. In addition, the NI Department of Health is considering how GP services should be made

subject to the same dispensing standards as pharmacies.

The Pharmaceutical Society of Northern Ireland's Dr Terry Maguire welcomes the March 29 implementation. "The profession has been waiting for this for some time, we are delighted it has now come about."

He is anxious to dispel negative press reports that doctors and patients will suffer. "This is not a competition between pharmacists and doctors, it's merely improving choice for patients in rural areas."

## Sun care confusion

Manufacturers are being urged to improve labelling of sun-screen products in an attempt to counter consumer ignorance.

According to a Health Education Authority study, although 67 per cent of those surveyed had heard of the term SPF (sun protection factor), only 20 per cent understood what it meant.

The HEA recommends containers should include "advice that sunscreens alone cannot entirely protect against skin damage".

The Cosmetic Toiletry & Perfumery Association says industry research has found that the message that a high SPF number equals high protection "is now well understood".



## London pharmacists trained for GP meetings

London pharmacists are to liaise with GPs on a six- to eight-weekly basis to discuss prescribing.

City & East London Family Health Services Authority has trained pharmacists with funding of \$15,000 from the London Initiative Zone. Participating pharmacists will receive a professional fee, still under negotiation with the LPC.

Sixteen pharmacists undertook a five-day course which covered PACT data analysis and musculoskeletal and joint diseases.

Course co-ordinator and FHSA pharmaceutical adviser Kate Mousley says that the scheme is "like IMPACT, but not as structured and more locally-based".

Pharmacists will be accredited over the next two weeks.

## Steroids rescheduled as CDs

In a bid to stamp out abuse by athletes and body-builders, steroids will be controlled under the Misuse of Drugs Act 1971 from this autumn, the Home Office has announced.

Anabolic and androgenic steroids, some polypeptide hormones and the adrenoceptor stimulant, clenbuterol, have been listed in a modification order to the MDA, due to come into effect on September 1.

The changes will make the drugs class C category and bring them into Schedule 1 of the

MDA, so that there are no special safe storage, handwriting or record-keeping requirements. However, there will be no exemption from import and export licence controls.

The changes will make it an offence to produce, supply, import or export with intent to supply the specified drugs without authority to do so.

It is believed that unlawful possession of an amount for personal use will not be made a criminal act, but this may have to be decided by the courts.

## BSE medicine fears tackled

Medicines containing cattle-derived products do not represent a risk of transmitting bovine spongiform encephalopathy, says the Association of British Pharmaceutical Industry.

The ABPI points out that the pharmaceutical industry has complied with the Committee on Safety of Medicines' guidelines of 1989, and with the 1992 European Union guidelines, which remain under active review.

The Department of Health says it is satisfied that there is no risk to the public from medicines containing beef products. The chief medical officer, Sir Kenneth Calman, has issued a statement to public health directors, to be distributed to doctors, advising that gelatin is safe for use in pharmaceutical and medical devices.

The gelatin manufacturers' association discounts the link between BSE and gelatin, and is backed by R P Scherer - the UK's leading manufacturer of gelatin capsules - Eli Lilly and Seven Seas.

Scherer says gelatin is derived

from bones, hide or skin, which have not been shown to harbour the BSE infective agent. Scherer adds that its suppliers do not use raw material from the UK; most comes from continental Europe, or countries where no case of BSE has been officially declared.

In a written Commons answer, health minister John Horgan said currently-licensed vaccines in the UK did not contain any bovine material sourced here.

Novo Nordisk says that, in a trial, no traces of a deliberately introduced SE pathogen could be detected after the fourth stage of its standard 15-stage insulin purification process.

CP Pharmaceuticals, manufacturer of Hypurin beef insulin, derived from the pancreas, says this organ has a low risk of infectivity with regard to spongiform encephalopathies. This is also the case for its heparin products, derived from lung and intestine, and hyaluronidase, from testes.

● The chief medical officer has a recorded information message on BSE and CJD on 0800 344355.



# More Schaffer cases come before Statutory Committee

Two pharmacists have been struck off and a third reprimanded for dealings with the unlicensed wholesaler, Pierre Schaffer.

Ashok Kumar Sood, George Ormay and David Emanuel are among 17 pharmacists who bought unlicensed medicines from Mr Schaffer before his arrest in October, 1993, for unlicensed importation and trading. Theirs are the latest disciplinary hearings to come before the Royal Pharmaceutical Society's Statutory Committee concerning Mr Schaffer (*C&D* February 24, p238).

Mr Sood of Mill Hill, north London, was visited in 1992 by Mr Schaffer. The latter's invoice books identified 15 invoices relating to supplies to Mr Sood between November 3, 1992, and September 24, 1993. The total value of the items supplied to him was \$9,896, the Committee heard.

Medicines Control Agency inspectors visited Mr Sood's pharmacy on November 12, 1993, and found three unlicensed brands on his shelves.

He insisted that he would not have bought them had he realised that they were not licensed, but he had not made any checks.

The Committee also took into account a previous appearance before it, ten years ago, relating to a case of unsupervised sale of medicine.

Ordering the removal of Mr Sood's name from the Register, the Committee's chairman, Gary

Flather QC, said an application for restoration might be looked on favourably in six months' time.

Mr Ormay was duped into purchasing unlicensed medicines from Mr Schaffer because of a Hungarian 'connection'. Hungarian-born Mr Ormay of Erith, Kent, became friendly with the distributor because he spoke the language.

Mr Ormay was told that his pharmacy was identified in a number of invoice books as having had 11 separate consignments of medicines from Mr Schaffer, totalling approximately \$10,000. Some of the invoices related to two unlicensed medicines and, during a visit by investigators, four medicines were seized.

Mr Ormay said he had bought products from a price list produced by Mr Schaffer and admitted that he had dispensed some of the unlicensed medicines.

Although the total stock purchased from Mr Schaffer amounted to \$10,000, not all were unlicensed medicines and the total acquired from Mr Schaffer only amounted to 7 or 8 per cent of his total purchase of medicines during a seven-month period up to October, 1993.

Mr Flather told Mr Ormay that although the amount was "not colossal, pharmacists should not be duped, because if they don't check the medicines "no one else will" and the Committee decided there was "no other way" than to remove him from the Register.

However, Mr Flather said the

Committee would entertain an application for restoration in six months.

In the third case, the Committee heard that Mr Emanuel of Willesden, north London, first met Mr Schaffer in the 1980s when he was a sales representative for Abbott Laboratories.

Mr Schaffer's invoice books identified 20 invoices relating to supplies made to Mr Emanuel between December 30, 1992, and October, 1993. The total value of the items was \$5,635, said Josselyn Hill for the Society. Some \$1,728 related to the purchase of three unlicensed products.

Mr Emanuel admitted buying medicines from Mr Schaffer to a Society inspector on March 4, 1994, saying he believed Mr Schaffer had just returned from America to pick up old business.

He accepted that on three occasions he had purchased Ocicl after being assured it was about to become licensed and that the labels would soon follow. They did not, and in October, 1993, Mr Emanuel threw away all of the Ocicl tablets at a loss to himself.

When his pharmacy was searched, none of the Schaffer drugs was found, but an inspector did find four bottles of tablets which had been removed from their original containers and insufficiently labelled.

Mr Flather said: "Mr Emanuel never did expose the public to risk, as he disposed of it all at a cost to himself of \$888." As a result, he received no more than a reprimand.

## Late payments

The prime minister has instructed every Government department that it must sign up to the CBI's prompt payment code by the end of March. The Department of Trade and Industry is also consulting on whether to introduce regulations in the autumn to make companies publish their payment performance, as well as their payment policy.

## RPM report in April?

The Office of Fair Trading's investigation into Resale Price Maintenance is expected next month, according to *C&D*'s lobby correspondent.

## NHS pay push

Eighteen health unions have banded together to call for a 6.5 per cent pay rise for 800,000 workers this year.

## Amphetamines

The Government is to make an announcement shortly on the availability of anorectic agents for slimming.

## FIP award for Europharm

The Europharm Forum has scooped the FIP's 1996 Pharmaceutical Practitioner of the Year award for its contribution to pharmaceutical practice. The award programme has been extended for a further three years. For details contact: A W Davidson, executive director, FIP Foundation for Education and Research, Andries Bickerweg 5, 2517 JP The Hague, The Netherlands.

## Bro Taf HA

Bro Taf Health Authority has appointed a pharmacist to be a commission board member. Peter Jenkins, who chairs Mid-Glamorgan Local Pharmaceutical Committee and is vice chairman of the National Pharmaceutical Association, is believed to be the only pharmacist in such a position in any of the five new Welsh health authorities.

## Survivors' guide

Family Doctor publications has introduced a new series of books, *The Survivors Guide*, which tackles lifestyle and social issues. The first in the series examines healthy living. In addition, the company has published *Understanding the prostate*. Both retail at £2.49. For further information contact Philippa Smith by ringing 0181 780 5155.

# E Sussex customers comment on community services

Community pharmacy customers are being invited to make comments and suggestions about the services they receive in East Sussex.

The 'Moving Pharmacy Forward' programme will seek customers' comments as part of a commitment by over 70 of the county's 161 pharmacies to promote and improve pharmacy services to the general public. The scheme is a joint initiative between East Sussex Family Health Services Authority and the

local pharmaceutical committee.

Erica Barrie, FHSA pharmaceutical adviser, comments that the scheme involves pharmacists doing "nothing new, but it is a useful tool to promote community pharmacy to the public".

Pharmacists who volunteered for the scheme can display a certificate to demonstrate that they have signed a statement of intent, but after the first year will have to send in an annual progress report to the FHSA to renew the certificate.

# Leeds University gets pharmacy department

Yorkshire Pharmacy Academic Practice Unit is to be integrated into the University of Leeds.

The new division of Academic Pharmacy Practice will be the University's first department dedicated to pharmacy. It will be part of the new School of Healthcare Studies and will be headed by pharmacist Dr Theo Raynor.

The division is keen to promote research, and key areas will include written patient information, chronic pain management in the community and pharmaceutical care at the hospital/community interface.

## APhA REPORT

## Nashville notes

Just as in the UK, the redeployment of the profession from drug distributor to healthcare provider is occupying the minds of American pharmacists.

The American Pharmaceutical Association is midway through a three-year programme to ensure that at least 35 per cent of the nation's community pharmacies are providing some form of pharmaceutical care by 1998.

One of the speakers at the APhA's 133rd meeting in Nashville this month summed up pharmaceutical care as being: 'You – the patient, Me – the pharmacist'.

It is intended that technicians will take over the dispensing and compounding role in the future, freeing pharmacists to deal with patients' disease problems.

Already, in some areas, phar-

## Technicians will take over the dispensing and compounding role in the future

macists are able to review patients' medication and make adjustments where necessary.

With the advent of accurate lightweight equipment, the testing of blood pressure, cholesterol and blood glucose are becoming commonplace. It is possible to link the results by joining each piece of hardware through a computer programme, so that the patient and their physician can be given a printout of the graphical analysis of health trends.

Many independent pharmacists employ nurses to administer intravenous injections to patients referred from physicians. Nurses are considered to be allies rather than a threat. The bigger units manufacture TPN and chemotherapy infusions for home use. The US view of pharmaceutical care also includes asthma and diabetic management programmes.

To do all this, community pharmacists need training. The APhA and the American Center for Pharmaceutical Care provide a two-part, five-day training course leading to the award of a certificate. Participants are shown how to alter their pharmacy layout and work practices to accommodate the new concept, as well as being taught new problem solving skills. Certificates in asthma and diabetic counselling are also offered.

*Report by Glasgow community pharmacist Dr Steven Kayne.*

## Masters goes a degree too far

I can still remember the furore when entry to the profession was made by degree only, but time moves on. Soon not only will that first degree take four years, but all graduates will emerge with a Masters instead of the present Bachelor or BSc degree (C&D March 23, p365).

This change to a Masters designation is being introduced for all the wrong reasons. It is the result of inter-university rivalry, where the change to a four-year course has been used by the minority to provide an excuse for one-upmanship, rather than being determined by the quality of the degree. If it is the length of time that dictates the designation, then the simplest way to achieve competitive uniformity would be to make all degrees five years and all graduates doctors!

Status within our universities would now appear to be more important than achievement, and the position of past graduates also seems to have been ignored. Previous hard fought-for Masters will now be meaningless and the old Bachelor and BSc degrees devalued. When I graduated, I was proud of my achievement and 'letters' truly reflected genuine achievement. However, as the years have passed, these have been used as a passport to success and the addition of worthless strings of 'off the shelf' qualifications used to establish an employment pecking order.

Being self-employed and at the latter end of my career, I can view these developments with patronising indifference. I question, though, whether the addition of more prestigious letters to a graduate's name will improve his or her chances in the competitive jobs market or provide the career opportunities and motivation necessary to sustain pharmacy as a thriving profession. Certainly in community pharmacy, graduates, whether Bachelors or

# Topical Reflections



Masters, are already voting with their feet and I, for one, cannot blame them.

## Taken for granted

Community pharmacy has raised public awareness of its services to the point where I sometimes wish we had not been quite so successful, because it now seems to be accepted that the pharmacist is the natural source of all health information, no matter the original source of the query!

Most of the time I am pleased to answer questions, believing that today's free advice will provide tomorrow's paying customer, but I am increasingly concerned at being asked to provide information on drugs obtained from other pharmacies. These questions most often relate to drugs dispensed by superstore pharmacies, but whereas I have previously tried to be helpful, I feel these inquiries must now be referred back to the original dispensing pharmacist.

The only information I have available to answer any query is that presented by the customer. Despite me not having access to the original prescription, the

customer still anticipates a competent and complete response! However, I am legally and professionally liable for any advice given and if I make comment on a prescription dispensed elsewhere, I could be liable for any subsequent problems. I may upset a few customers by referring them back, but their inconvenience has to be balanced against my liability, and, if carefully explained, then next time they may think twice about the apparent advantages of that so-convenient superstore service!

## Out of pocket on a job well done

I have just spent half an hour and many phone calls trying to sort out a possible dangerous drug interaction. Professionally, I am very satisfied; the doctor was very relieved; the patient appreciative; and my PMR system has once again proved its worth. But financially it was a disaster because the prescription was cancelled and the doctor decided to offer no further drug treatment to the patient.

If I had incurred out of pocket expenses for a dispensed prescription, I would be reimbursed, but because the prescription was cancelled I receive nothing. I have satisfactorily fulfilled my professional role and potentially saved the NHS a lot of money. I should be able to submit that prescription suitably endorsed for full fees and reimbursement.



# SCRIPTspecials

## Livostin Nasal Spray now available

Ciba Vision Ophthalmics has introduced its new hayfever treatment, levocabastine, as a nasal spray. Livostin Nasal Spray, containing the equivalent of 0.5mg/ml levocabastine, is indicated for the symptomatic treatment of seasonal allergic rhinitis.

Levocabastine is a potent histamine H1 antagonist, which has been shown to have at least comparable efficacy to topical flunisolide or sodium cromoglycate.

The usual dose of Livostin Nasal Spray for adults and children over nine years is two

sprays per nostril, twice daily. The dose may be increased, if necessary, to two sprays per nostril three to four times daily. Patients should be advised to clean their nasal passages before administering the spray and to inhale gently through the nose while spraying.

The product is a microsuspension, so patients should be advised to shake the bottle before each application. When using the pump delivery system for the first time, the pump reservoir needs to be filled up initially by squeezing the bottle once or twice until a fine spray is produced.

Treatment with Livostin Nasal Spray may cause sedation in some patients, and this should be considered if the patient needs to be particularly alert (driving, operating machinery, etc).

The basic NHS price for a 10ml pack is \$8.90.

Livostin Eye Drops were launched earlier this month (*Script Specials* March 9, p302).

**Ciba Vision Ophthalmics. Tel: 01489 785399.**

## Neoral licence change prevents confusion

Sandoz has been granted a licence change for Neoral, its advanced cyclosporin formulation, stating that it may be appropriate to prescribe it by brand.

The change was brought about because of reports of confusion in dispensing cyclosporin when prescribed generically. The superior bioavailability of Neoral over the conventional formulation, Sandimmun, means the two brands are not interchangeable without appropriate monitoring.

The company says this bioequivalence could mean that patients being given the wrong formulation may be at risk of either under- or over-immunosuppression. It is therefore important to clarify which formulation is being requested.

**Sandoz Pharmaceuticals Ltd. Tel: 01132 593443.**

## Suplena receives ACBS approval

Suplena from Ross Products Division has gained ACBS approval for use in the community.

Suplena, a high-energy, low-protein, low-electrolyte feed, can now be prescribed as a nutritional supplement for patients with chronic or acute renal failure who are not undergoing dialysis; patients with chronic or acute liver disease with fluid restriction; or other conditions which require an enteral feed with such constituents.

Suplena can be taken as either a sip or tube feed and comes in 237ml cans (\$54.72 for case of 24). **Abbott Laboratories Ltd. Tel: 01628 773355.**

## Medical Matters Vitamin E reduces risk of MI

High doses of vitamin E have been found to prevent non-fatal myocardial infarctions in patients with angina and coronary atherosclerosis, according to a study in *The Lancet*.

A double-blind, placebo-controlled study investigated over 2,000 patients with proven coronary atherosclerosis. Of those, 1,035 received vitamin E (alpha-tocopherol) capsules, while the remainder were given placebo.

Of the active treatment group around half received 800 IU daily and the rest were given 400 IU daily. The patients were followed up for a median of 510 days. Alpha-tocopherol was given in addition to regular medication.

Alpha-tocopherol, in a higher dose than in previous studies, was found to reduce the risk of primary trial endpoint (a combination of death and non-fatal MI)

by 47 per cent. This was due to a reduction in the risk of a non-fatal MI of 77 per cent, which was apparent after about 200 days.

However, there were more cardiovascular deaths among vitamin E recipients than among the placebo group, which was due to an excess of early events.

The authors say the study was consistent with the lipid oxidation theory of human coronary artery, but add that the extent of the risk reduction suggests that the benefit may be due to more than one mechanism. These include a possible reduction in platelet adhesion and aggregation; inhibition of vitamin K-dependent clotting factors; and oxidised LDL-mediated stimulation of endothelial production and inhibition of nitric oxide.

## WHO warns on TB

With one person infected every second, tuberculosis is now killing more people than at any other time in history, warns the World Health Organisation.

The WHO reveals that there are nearly three million deaths annually from the disease. Scientists predict that up to a half a billion people will be infected over the next 50 years. The growing number of multi-drug-resistant forms is also giving grave cause for concern. Outbreaks of such strains have been reported in London, New York, Chicago and Paris.

Dr Arata Kochi, director of the WHO global TB programme, comments: "Many TB treatment programmes are so poorly supported that they are producing stronger bacteria and weaker patients."

## Every drop helps?

All alcoholic drinks are linked to a lower risk of coronary heart disease, according to a study in the *British Medical Journal*.

Researchers looked at 12 ecological, three case-control and ten separate prospective cohort studies which had specific associations between drinking beer, wine and spirits, and the risk of morbidity and mortality from CHD.

Most ecological studies cite wine as most effective in reducing the risk of heart disease, but the three case-control studies did not identify a particular drink that was more cardioprotective than another. The study concludes that a substantial portion of the benefit is from alcohol, as opposed to other components in each type of drink.

## Risperdal liquid

A liquid formulation of Risperdal (risperidone 1mg/ml) has been introduced to assist patient compliance. A dosing pipette is supplied with each pack (100ml pack, £65 basic NHS).

**Janssen-Cilag. Tel: 01494 567567.**

## Eppy repacked

Eppy (adrenaline 1 per cent ophthalmic solution) has been repacked in a plastic dropper bottle containing 7.5ml solution and a pilfer-proof cap. Each bottle is enclosed in a nitrogen-filled pouch to prevent oxidation. Storage recommendations now read: 'Store below 25°C. Do not freeze. Protect from light.'

**Chauvin Pharmaceuticals Ltd. Tel: 01708 383838.**

## Percutol Ointment

Dominion Pharma has replaced the 30g packs of Percutol Ointment with a 60g pack size (basic NHS price £9.55).

**Dominion Pharma. Tel: 01428 661078.**

## Norton Gliclazide

Norton has launched a generic version of gliclazide 80mg tablets (NHS price £7 for 60).

**Norton Healthcare. Tel: 01279 426666.**

## Deltacortril patient packs

Pfizer has introduced 30-tablet patient packs of Deltacortril EC (basic NHS price, £0.26 for 2.5mg; £0.43 for 5mg). The 56-tablet pack is discontinued and the 500-tablet pack is now hospital only.

**Pfizer Ltd. Tel: 01304 616161.**

## A&H's Rotacaps

A&H has launched the Rotacap range - Becotide, Ventolin and Ventide - in patient packs of 112 Rotacaps instead of 100.

**Allen & Hanburys. Tel: 0181 990 9888.**

## Dexedrine in blisters

Evans Medical has replaced the 100-tablet packs of Dexedrine with a blister pack containing 28 tablets (basic NHS price, £0.96).

**Evans Medical. Tel: 01372 364000.**

## Novo pork insulin

Changes to the Novo Nordisk range of porcine insulins announced at the end of last year (*C&D* December 9, p838) will come into effect from April.

**Novo Nordisk. Tel: 01293 613555.**



# "JUST WHAT THE DOCTOR ORDERED"

80% of general practitioners interviewed in a recent survey\* agreed that a combination of sodium alginate and an H<sub>2</sub> antagonist would provide more effective relief from the symptoms of heartburn than other available OTC remedies.

Tagamet Dual Action Liquid is the **only** liquid H<sub>2</sub> antagonist/alginate combination available OTC. Providing fast-acting, long-lasting relief, Tagamet Dual Action Liquid is appropriate first line therapy for suitable heartburn sufferers.

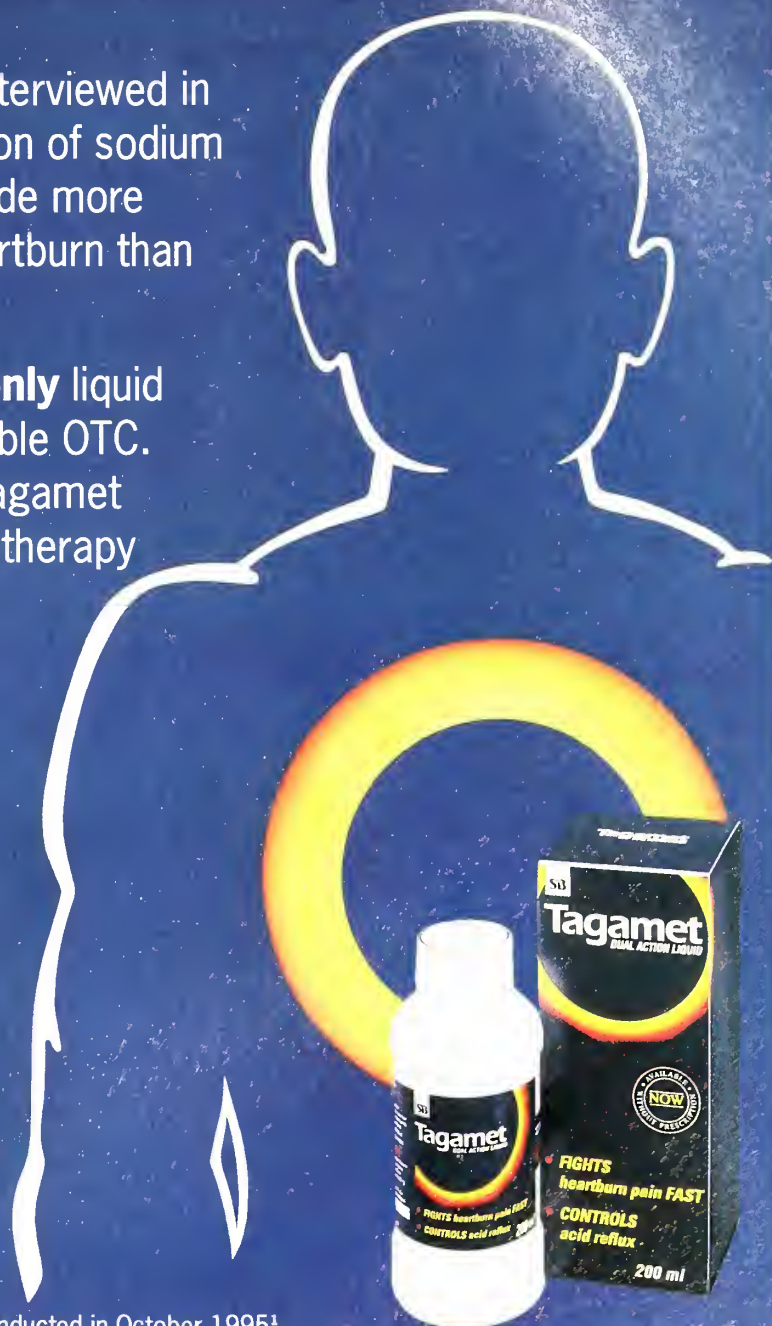
For further information, Freephone  
the OTC Tagamet Information Line on

**0500 100 222**

# Tagamet

DUAL ACTION LIQUID  
sodium alginate/cimetidine

## ECLIPSES EXISTING RAFTING AGENTS



\*An independently conducted survey of 214 general practitioners conducted in October 1995†

**Tagamet Dual Action Liquid. Product Information: Presentation.** A white suspension with an odour of fruit and mint containing 500 mg sodium alginate B.P.C. and 200 mg cimetidine per 10 ml dose. **Use.** Short term symptomatic relief of heartburn, associated with acid regurgitation, especially if provoked by bending over or lying supine.

**Dosage and administration:** Adults (incl. the elderly), children 16 years and over. 10 ml suspension when symptoms appear. If symptoms persist for more than 1 hour after the first dose, a second dose (10 ml) may be taken, but no more than 2 doses in any 4 hours and no more than 4 doses in any 24 hours. Treatment should not be continued for more than two weeks. If symptoms persist for more than two weeks or recur regularly, a doctor should be consulted. Not to be given to children under 16 years of age.

**Contraindications.** Hypersensitivity to cimetidine or any of the other constituents.

**Precautions.** Not recommended in patients with impaired renal function, hepatic impairment; taking oral anticoagulants, phenytoin, theophylline, intravenous lignocaine; middle aged or older patients with new/changing dyspeptic symptoms, any patients with unintended weight loss and dyspeptic symptoms, because of potential delay in diagnosis of gastric cancer; with compromised bone marrow; in pregnancy and lactation. Use only on a doctor's advice in patients: with any other illness, using any medication, under medical

supervision for other reasons, with a history of peptic ulcer who are now using NSAIDs especially the elderly. Contains 66 mg sodium per 10 ml dose and this should be included in the daily allowance of patients on sodium restricted diets. **Adverse reactions.** Diarrhoea, dizziness, rash, tiredness. Gynaecomastia, occasional liver damage, confusional states (usually in the elderly or very ill), all reversible. Rarely thrombocytopenia, leucopenia, agranulocytosis, all reversible. Very rarely, hepatitis, interstitial nephritis, acute pancreatitis, headache, myalgia, arthralgia, fever, sinus bradycardia, tachycardia and heartblock, all reversible, aplastic anaemia, pancytopenia and anaphylaxis. Reports of alopecia and very rarely reports of impotence but no causal relationship has been established at usual prescribed therapeutic doses. **Product licence number** 0002/0232. **Retail price** (200 ml) £4.99. **Legal category** P. **Date of preparation** 8 June 1995.

**Reference 1.** Taylor Nelson AGB plc Omnimed 1995.

SmithKline Beecham Consumer Healthcare,  
SB House, Brentford, Middlesex, TW8 9BD.  
Telephone number 0181 560 5151.  
‘Tagamet’ is a trademark.

**SB SmithKline Beecham**  
Consumer Healthcare



## Farley's Rusks go gluten-free

Heinz is introducing a new variant to the Farley's Rusks range, Farley's Reduced-Sugar Gluten-free Rusk (for babies from four months onwards).

Half of a gluten-free rusk is nutritionally equivalent to a whole standard rusk, says Heinz.

Each box contains nine rusks and retails at \$1.49. Packaging reflects the 'teddies' motif of the standard Farley's Rusk range.

The launch is being supported by a promotional programme, which forms part of a \$1 million package behind the whole rusks' portfolio.

The new variant will also feature in the Heinz 'Baby at Home' direct mail programme.

**H J Heinz Co Ltd. Tel: 0181 848 2193.**

## Toepedo explosion in foot care

The latest product from the successful Bazuka, Ibuleve and Otex stable is Toepedo, a cream formulated to relieve the itching and discomfort associated with athlete's foot.

Its active ingredients are benzoic acid (6 per cent) and salicylic acid (3 per cent).

A P licensed product, recommended dosage is

a twice daily application of a thin layer of the cream on the affected areas. It should be rubbed in gently until absorbed.

Each pack contains a 20g tube of cream and an information leaflet. It retails at \$3.95.

A \$1.5 million national press and television campaign will break in April. A full range of

POS material – which continues the nautical theme – including a limited edition, orange Perspex, counter display unit is available. The unit holds 12 wing cartons and a supply of free information leaflets. By displaying the unit for a period of 16 weeks or more, pharmacists will be entered into a \$1,000 free prize draw.

A competition for pharmacy assistants will also be run with a first prize of \$500 cash.

● **Contra-indications:** not to be used to treat thrush and should be kept away from the face, bottom and genital regions. Not to be used on moles, rashes or any skin lesion for which the cream is not recommended.

**Dendron Ltd. Tel: 01923 229251.**



## Unichem examines eczema

Unichem is running a skin care awareness campaign throughout April.

At the same time, in conjunction with the National Eczema Society, it will examine the different strains of eczema, its effects and how to manage it.

As in its earlier themed campaigns, Unichem will take a three-pronged approach: a customer leaflet (free to all Goldpartners); advertorials in the consumer press; and a series of promotional offers on leading branded and own-label products.

● According to Unichem, around one tenth of the British population suffers from some form of skin complaint.

**Unichem plc. Tel: 0181 391 2323.**

## Hayfever Awareness Day – April 15

The British Allergy Foundation, in association with Beconase Hayfever, is sponsoring Hayfever Awareness Day on April 15.

A telephone advice service, the Beconase

Hayfever Distress Line, will run from then until the end of August on 0660 600622. Calls will be charged at 39p a minute cheap rate and 49p peak rate. Proceeds will be donated to the British Allergy Foundation.

## Nelsons relaunches homoeopathic skin care range

Nelsons is relaunching its eight homoeopathic 'first aid' skin care creams this April with four ointments following in May.

All the products hold a licence except the Tea Tree and Evening Primrose cosmetic creams.

Both the Nelsons' brand logo and the creams' packaging have been modernised and colour-coded. Pack sizes have been increased to 30g and new tamper-evident packaging has been introduced.

A new counter display unit has been designed which holds three units of each of the top four-selling creams (Arnica, Calendula, Hypercal and Tea Tree). Each tube retails at \$3.30.

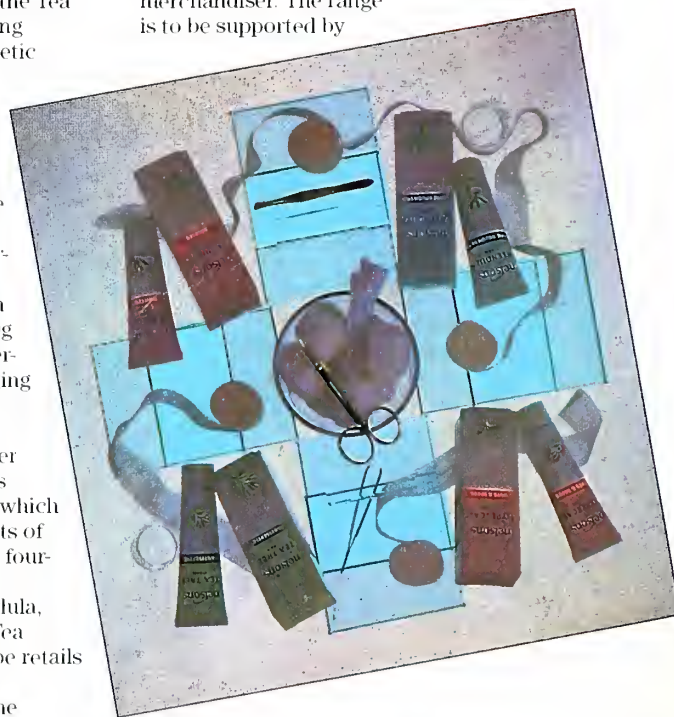
To support the

relaunch Nelsons has produced a new consumer leaflet, 'Natural first aid for your family'. It will be available in a holder for sitting on the counter next to the merchandiser. The range is to be supported by

advertising and sampling in the women's press.

● Special relaunch trade offers are available from April 21.

**A Nelson & Co Ltd. Tel: 0181 780 4200.**



## Speak out about Solpadeine

Smithkline Beecham is introducing a quarterly newsletter, 'Solpadeine Update', in which pharmacists will be invited to air their views.

The aim is to provide regular information on the analgesics market and how pharmacists can make the most of

**Solpadeine in-store.**

The company says that it is "committed to shaping activity for Solpadeine in direct response to the comments received from readers".

**Smithkline Beecham Consumer Healthcare. Tel: 0181 560 5151.**





NEW  
CLINICALLY PROVEN

IT'S  
LAUNCHED

Toepedo<sup>TM</sup>

CREAM

DUAL-ACTION TREATMENT FOR ATHLETE'S FOOT

FOR EXTERNAL USE ONLY PL 0173/0020 [P]

benzoic acid, salicylic acid

FOR ATHLETE'S FOOT

FROM THE MAKERS OF IBULEVE, OTEX AND BAZUKA

On target for another Pharmacy Only blockbuster, new TOEPEDO cream for Athlete's Foot has been launched by the team who brought you the sure-fire winners, Ibuleve<sup>TM</sup>, Otex<sup>TM</sup> and Bazuka<sup>TM</sup>. Dual-action TOEPEDO will be fuelled **nationwide** by an explosive combination of **TV, radio and press advertising**.

We will be making waves in the Athlete's Foot market. Make sure you don't miss out - load up with stock now!\*

RELIEVES ITCHING AND DISCOMFORT FAST!

TOEPEDO Registered Trademark and Product Licence held by Diomed Developments Limited, Hitchin, SG4 7OR, UK. Distributed by DDD Limited, 94 Rickmansworth Road, Watford, Herts, WD1 7JJ, UK. **Active Ingredients:** 6.0% w/w benzoic acid BP, 3.0% w/w salicylic acid BP. **Directions:** Apply a thin layer to the affected areas and massage gently until absorbed. Apply twice daily until symptoms clear. **Indications:** For the treatment and management of Athlete's Foot and other appropriate fungal skin infections. **Precautions:** Do not use to treat thrush, and keep away from the face, bottom and genital (sex) regions. Do not use on moles, rashes or any skin lesion for which TOEPEDO is not recommended. Do not use if sensitive to any of the ingredients. Keep all medicines out of the reach of children. **FOR EXTERNAL USE ONLY** Legal category: [P] Packing: Tubes of 20 g (PL 0173/0020), price £3.95 (£3.36 exc. VAT). 3/96.

\*Contact your Dendron representative or wholesaler. Dendron tel. no: 01923 229251.





## Bath salts and shower gels clean up

Sara Lee predicts a buoyant future for bath and shower products in its first-ever market report.

The shower gel market holds huge potential for growth, with 40 per cent of UK homes still without a shower, the report states. The sector is currently showing 17.7 per cent year on year value growth.

The bath salts market – a strong sector in independents – is also doing well, showing growth ahead of inflation and, with the prospect of an ageing population, looks set to enjoy further growth. Meanwhile, the bath liquid market has remained fairly static, with any real growth coming from added value and premium brands.

The report does highlight the own-brand factor in the market, which is considerably higher than in other personal care markets.

As well as giving impartial market information, the report also offers advice on merchandising.

Copies of the report are available by writing to: **Sara Lee Bath & Shower Report, c/o Attenborough Associates, Waverley House, 7-12 Noel Street, London W1V 4NN.**

## Elizabeth Arden defines mascara

Defining Mascara is the latest news for lashes from Elizabeth Arden.

Boasting a 'revolutionary emulsion system' it is said to go beyond ordinary mascaras.

Whereas typical wax levels of regular mascaras range from 15-20 per cent (leading to crystal formations and clumping), Defining Mascara, in contrast, only contains 3-4 per cent waxes, thereby enhancing its performance.

The launch is being supported by a major advertising campaign in the women's magazines and newspaper Sunday

## Nivea stands firm

Nivea is launching the UK's first mass-market body firming lotion.

Nivea Body Care Skin Firming Complex has been independently tested in the US and was found to improve skin firmness by 18 per cent in 14 days. The new product offers the effectiveness of more premium brands at a third of the cost (rrp \$3.99 for 200ml).

The complex contains liposomes enriched with safflower oil and

vitamin E.

The launch is to be supported by a \$3.5 million package across the body care range, which includes press advertising and trial-size sampling specific to the Skin Firming Complex. **Smith & Nephew Consumer Products Ltd. Tel: 0121 327 4750.**

## Rosemary lift for shampoo

Tisserand has added rosemary essential oil to its Tea Tree Shampoo with Lemon.

Rosemary is known for its enlivening aromatherapy properties and fresh aroma.

The shampoo's bottle shape has also been updated to bring it into line with the rest of the Tisserand Tea Tree range. It will retail at \$3.99. **Aromatherapy Products Ltd. Tel: 01273 325666.**



## Roc anti-ageing extension

Roc is extending distribution of its anti-ageing product, Roc Retinol Actif Pur, to pharmacies this month.

The only anti-ageing product on the market containing stabilised active retinol, it was launched in the UK last year.

The company says that Retinol Actif Pur is the result of ten years of pharmaceutical research and independent dermatological tests, which have shown that it visibly reduces wrinkles in 76 per cent of women in a period of 12 weeks or less.

It comes in 30ml boxed tubes and retails at \$18.95.

**Johnson & Johnson Ltd. Tel: 01628 822222.**

## Foundation gets Mild & Gentle

Max Factor Naturals is introducing a new foundation to encourage use during the summer months.

Mild & Gentle Make-up has an SPF 6 and boasts moisturising ingredients that work for up to 11 hours. Available in eight shades, it will retail at \$6.99 for 40ml.

In mid-June, to

promote the product in-store, Max Factor Naturals is offering a complimentary set of eight Allen Weisinger Professional Make-up Artist Sponges with every purchase. The promotion will run for four weeks.

**Procter & Gamble Cosmetic & Fragrances Ltd. Tel: 01932 896000.**

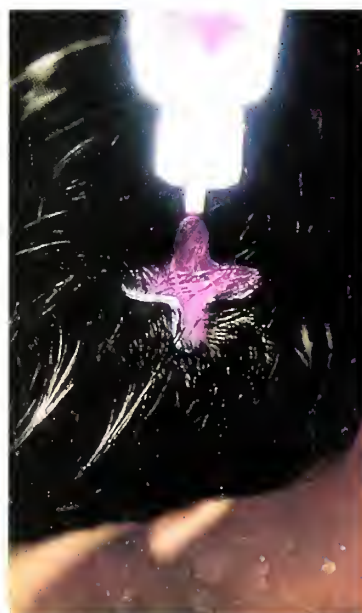
## Nizoral makes television debut

The £2 million promotional campaign for Nizoral Dandruff Shampoo, the latest POM to P shift, starts in earnest next week with television advertising.

Breaking on April 1, the 30-second commercial will communicate the brand message, 'Nizoral Dandruff Shampoo – first aid for dandruff sufferers'.

The ad will be screened in the London area on Carlton, LWT and Channel 4, plus satellite stations, and runs for eight weeks.

**Johnson & Johnson MSD Consumer Pharmaceuticals. Tel: 01494 450778.**



## April at AAH

Top of the best buys at AAH for the month of April is the Duracell range of batteries. Other specially-discounted lines include: Robinson's breastpads, Lanacane skin care, Odor-Eaters, Anadin tablets and Oxy skin care.

**AAH Pharmaceuticals Ltd. Tel: 01928 717070.**

## Eye drops price cut

Baker Norton has reduced the price of its Hay-Crom Aqueous Eye Drops to £4.40, a price 14 per cent below the Drug Tariff. The company is running an extensive advertising campaign telling general practitioners of the cut and anticipates a rise in the level of scripts.

**Baker Norton. Tel: 01279 426666.**

## Miles gets Halo

The Miles Group has been appointed to handle the sales of Halo bars to the pharmacy trade.

**Miles Group. Tel: 01484 852411.**

## Seven Seas campaign

Seven Seas is currently running its first-ever campaign for Vitamin E 400 IU in the national press.

**Seven Seas Ltd. Tel: 01482 375234.**

## Jive talking

Orchid Drinks is revamping its Jive range of all-natural, high-juice drinks. The new range will be available nationally from May. It will sell at £0.79 for a 330ml bottle.

**Orchid Drinks Ltd. Tel: 01429 863534.**

## CRC sun care

The Cancer Research Campaign sun care range – an SPF 20 lotion in 200ml and 400ml sizes – is now available through Unichem.

**Unichem plc. Tel: 0181 391 2323.**

## Perlier at Windsor

The Perlier range of Italian bath and body care is now available through Woods of Windsor.

**Woods of Windsor Ltd. Tel: 01753 682382.**



# THE MOST EFFECTIVE DANDRUFF SHAMPOO IS ONLY AVAILABLE FROM YOU

**No 1 prescription treatment.** Nizoral shampoo is the leading prescription treatment for dandruff, trusted by GPs and dermatologists alike for its efficacy and safety. Now its clinically proven formula is available without prescription as Nizoral Dandruff Shampoo; backed by the promotional investment to ensure commercial success.


**Exclusive pharmacy opportunity.** New Nizoral Dandruff Shampoo contains ketoconazole; which is more effective against the fungus that causes dandruff and seborrhoeic dermatitis than selenium sulphide, zinc pyrithione or tar. Yet it is gentle and odour-free. It is the most effective and pleasant treatment dandruff sufferers can buy - and they can only buy it from you.

**£2,000,000 national launch.** National TV, press and magazine advertising, plus PR and point-of-sale materials will be making sure sufferers get the message. As over 40% of the population have dandruff at some time, the sales potential is enormous. For one of the best pharmacy opportunities in years, recommend Nizoral Dandruff Shampoo.



## First aid for dandruff

**PRODUCT INFORMATION:** **Presentation:** Pink, unperfumed shampoo containing ketoconazole 20 mg/ml. **Uses:** Prevention and treatment of dandruff and seborrhoeic dermatitis. **Dosage and Administration:** Adults, Elderly and Children: Wash hair and leave for 3-5 minutes before rinsing. For the first 2 to 4 weeks - use every three or four days to clear dandruff. Thereafter, use once every 1 or 2 weeks to prevent dandruff from coming back. **Contra-indications:** Hypersensitivity. **Precautions:** To prevent a rebound effect, withdraw topical scalp steroids gradually over two to three weeks, or as directed by your doctor or pharmacist. **Side Effects:** As with other shampoos, local burning, itching, irritation, oily/dry hair or increased hair shedding may occur but are rare. Rarely in patients with chemically damaged or grey hair, a hair discolouration has been seen. **Pregnancy:** Can be used during pregnancy and lactation. **Legal Category:** P. **Product Licence No:** 0242/0140. **Package quantities, Price:** 60 ml Bottle £5.45 (33% POR). **Date of Preparation:** December 1995. **Full prescribing information is available from licence holder:** Janssen-Cilag Ltd, P.O. Box 79, Saunderton, High Wycombe, Buckinghamshire, HP14 4HJ. Nizoral is a registered trademark.

**NIZORAL™ Dandruff Shampoo**  
Ketoconazole  
 **MSD**  
CONSUMER PHARMACEUTICALS

## Baywatch brown

Luna Cosmetics has extended its Baywatch range to a self-tanning cream.

Available in medium and dark shades, the cream is recommended for use on face, arms, legs and body. After application, colour develops within four hours.

A 200ml bottle retails at £3.99.

The Baywatch franchise now comprises Baywatch Sunguard and the Baywatch Health & Beauty range. The sun range comprises seven skus, including an after sun.

**Luna Cosmetics Ltd. Tel: 0181 523 1391.**

## Stung into action

Anthisan begins the bites and stings season this year with a new-look pack and major consumer advertising campaign.

The new white livery for both tube and carton gives the product a more "contemporary appearance", says Rhone-Poulenc Rorer.



They are available from April 1.

The advertising campaign is planned to run from early summer in major women's titles.

Details of special deals available throughout the summer

are available from local company representatives, along with promotional materials and a consumer leaflet entitled, 'The Anthisan Guide to Bites and Stings'.

**Rhone-Poulenc Rorer Ltd. Tel: 01323 534000.**

## Strong supplement for athletes

Health Perception is introducing High Strength Glucosamine, a standardised form of glucosamine sulphate.

It is available in boxes of 30 blister-packed tablets, each containing 400mg of glucosamine sulphate, plus 300mg vitamin C and 300mg of calcium, with an rrp of \$9.99.

While not a licensed product, glucosamine sulphate is associated with the treatment of joint problems and sprained ligaments.

A \$500,000 national advertising and promotional campaign supports the launch, breaking in April.

**Health Perception. Tel: 01344 890115.**

## ON TV NEXT WEEK

**Clairol Ultress:** All bar GTV, U, HTV, LWT, C4 & GMTV

**Colgate Toothpaste:** All areas

**Cow & Gate Step-Up Follow-On Milk:** STV, G

**Gillette Sensor for Women:** All areas

**Ibuleve:** U, WCTV, A, M, HTV, S, G

**Johnson's Baby Moisturising Bath:** All areas

**Johnson's Kids Bubble Bath:** All areas

**Johnson's Kids Shampoo:** All areas

**Neutrogena T-Gel Shampoo:** All areas

**Nizoral Dandruff Shampoo:** LWT, CAR, C4, satellite

**Nurofen:** All areas

**Nurofen Plus:** All areas

**Otex Ear Drops:** C4

**Pepto-Bismol:** All areas except Y, TT

**Polaroid:** All areas

**Rennie:** All areas

**Sanatogen Gold:** All areas except GTV, HTV, TSW

**Seven Seas Cod Liver Oil:** C4, S4C

**Wrigley's Sugar-Free:** All areas

GTV Grampian, B Border, BSKyB British Sky Broadcasting, C Central, CTV Channel Islands, LWT London Weekend, C4 Channel 4, U Ulster, G Granada, A Anglia, CAR Carlton, GMTV Breakfast Television, STV Scotland (central), Y Yorkshire, HTV Wales & West, M Meridian, TT Tyne Tees, W Westcountry

## Soccer promo for Palmolive shaving

From April, the Palmolive shaving range will feature in a 'Football Classic' promotion.

Consumers will be offered the chance to exchange two proofs of purchase from the range, plus \$2.99 for a video of great football moments.

They will also be invited to answer a football trivia question to go into a free prize draw to win an historic football shirt of their choice.

The promotion will run through to June and will be media-led.

Full-page colour advertisements will appear in male interest media, including sports and lifestyles titles, as well as the FA Cup Final programme.

● Shaving gels currently account for 43 per cent of the market, according to the company.

**Colgate-Palmolive Ltd. Tel: 01483 302222.**

## Clarityn's guide to beating pollen

Clarityn Allergy has published a guide on how to beat pollen at home and at the office.

The 20-page booklet gives practical tips on avoiding pollen and fighting the effects of hayfever.

A £15 money off voucher against the purchase of the Pollen Research Bureau-approved Electrolux

Airclean 1200 vacuum cleaner is included in the guide.

Pharmacists can obtain copies of 'The Clarityn Allergy Guide to Summer Survival in the City' by contacting the company. Consumers can get a free copy by calling the Clarityn Allergy guide hotline on 0171 617 8054.

**Schering-Plough Ltd. Tel: 01707 363739.**

## OTC Tagamet 'value for money'

Ninety-five per cent of a sample of over 10,000 known indigestion sufferers in a Smithkline Beecham survey believe that OTC Tagamet Dual Action Liquid offers 'value for money' at \$4.99 per 200ml bottle.

The aim of the survey was to assess attitudes of known heartburn sufferers to the liquid OTC Tagamet variant.

The survey also revealed that:

- 84 per cent would buy the product again
- 80 per cent said that it provided long-lasting relief from heartburn
- 78 per cent said that the product was better than their usual brand of remedy.

**Smithkline Beecham Consumer Healthcare. Tel: 0181 560 5151.**

## Free Flex-A-Band

A Milas Healthcare Flex-A-Band, worth £4.99, is free inside a new book published by Boxtree. The *Nine Hour New You* is a new inch-loss programme from Miranda Llewellyn. It retails at £8.99.

**Boxtree Ltd. Tel: 0171 928 9696.**

## Sensitive Superdrug

Superdrug is launching its own sensitive skin care range called Purité. There are 19 fragrance-free products, offering cleansing, toning, moisturising and eye care.

## Easter closing

Britannia Pharmaceuticals will be closed over the Easter period at the following times: from 4.00pm on April 4 and all day on April 5, 6 and 7. Normal hours will resume on Tuesday, April 8.

**Britannia Pharmaceuticals Ltd. Tel: 01737 773741.**

## Zeal takes off

From April 1, GB Products will be known as Zeal Products. The trading address, telephone and fax numbers remain unchanged.

**Zeal Products Ltd. Tel: 01299 250321.**

## Nivea sponsorship

Nivea is to sponsor the Fashion Targets Breast Cancer campaign to be launched in the UK in late April. The campaign will promote the sale of special T-shirts, the proceeds of which go towards Breakthrough's centre for breast cancer to be built next to the Royal Marsden Hospital in London.

**Smith & Nephew Consumer Products Ltd. Tel: 0121 327 4750.**

## Dairy-free upgrade

Westmorland dairy-free chocolate bars have been improved and repackaged. New recipes mean a creamier consistency and enhanced flavours. Packs are now in foil for a more contemporary look.

**Itona Health Products. Tel: 01942 234761.**





## LAST YEAR'S SALES

During 1996 we can confidently predict some drastic changes. Sales of Waterfall are sure to keep rising. It's nothing to do with global warming, it's caused by our biggest ever advertising campaign.

Waterfall is a traditional herbal remedy that helps maintain normal fluid balance during periods.

Full page colour ads are being featured in the glossier women's monthly magazines that devote more editorial coverage to natural health.

We're also running a high frequency campaign in the women's and health

section of the quality national daily and Sunday newspapers reaching women who are increasingly turning to natural products.

Ask your Unichem, AAH or Numark Wholesaler about our special counter top display packs, available while stocks last, or contact FSC direct on 01204 707420.

Europa Park,  
Radcliffe,  
Manchester  
M26 1GG.



THE PURE ESSENTIALS

PUBLICATION	SIZE OF SPACE	NO INS	March	April	May	June	Sept	Oct	Nov
DAILY MAIL (TUES - GOOD HEALTH)	10 x 2	15							
DAILY EXPRESS (THUR - EXPRESSIONS)	10 x 2	16							
THE GUARDIAN (TUES - HEALTH)	10 x 2	15							
THE INDEPENDENT (MON - HEALTH SECTION)	10 x 2	15							
MAIL ON SUNDAY (FEMAIL)	10 x 2	10							
SUNDAY TIMES (STYLE & TRAVEL WOMEN'S PAGES)	10 x 2	8							



PUBLICATION	SIZE OF SPACE	NO INS	1996	April	May
TOP SANTE	FULL PAGE * COLOUR * FACTOR * MATTER	2			
PRIMA		2			
ESSENTIALS		2			
MARIE CLAIRE HEALTH & BEAUTY		2			
SHE		2			
HERE'S HEALTH		2			

# THIS YEAR'S





In his second look at the Information Superhighway, **Paul Hodgkinson FScT** lists some of the pharmacy-related resources to be found on the Internet

# Net gains

**T**he rapid expansion of the Internet over the last few years has attracted a large number of new users and contributors. There are now many services that are relevant to pharmacy and its related disciplines. In addition, it offers access to a wide range of interests, including travel, recreation and sport, that provides a 'value added' aspect for professional users.

This article covers the two main facilities on the Internet at the moment, electronic mail (E-mail) and the World Wide Web (WWW). It focuses on UK-based services that provide initial contacts, or links, to other pharmacy-related resources around the world and gives examples of the contributors and topics covered.

## Electronic mail

E-mail is a basic facility offered by all networks that participate in the Internet. It involves the transfer of text in an electronic form between accounts on different computers. Apart from personal communications, commands can be sent to software providing automated facilities that will process the commands and respond using E-mail. Another feature is the ability to copy 'electronic text' and redistribute it over a wide area.

Electronic mail consists of a header that contains the sender and recipient's E-mail address, a subject line and other information, such as the date. This is followed by the contents, or text field, entered by the sender. Most E-mail messages consist of ASCII text, a basic form that is recognised by almost all computer systems. E-mail software has the facility to transfer word processor documents using an encoding technique that converts the binary element to ASCII text. The use of this is dependent on the recipient having software capable of reading the document once it is decoded. As a result, ASCII text remains the primary standard.

## Use and etiquette

To use E-mail effectively it is necessary to understand some of the unique aspects of the technology and, like all forms of communication, there is an etiquette that should be observed.

E-mail messages should be



kept brief, few people read more than a screen or two. White space, that is lines between paragraphs, are particularly important, breaking up text into logical sections, making 'on-screen' reading easier. Lines of text should not exceed 70 characters because some E-mail readers force a line wrap at this point, converting a single line into one long and one short line of a few characters. Capital letters throughout should not be used, this is the equivalent of SHOUTING, sometimes referred to as 'flaming'. Personal details should be appended to the bottom of the text field as a 'signature' and contain the sender's name and address. Most E-mail software can be configured to add a 'signature file' automatically.

Consider contents carefully, while E-mail is an informal vehicle it can easily be archived and reproduced again at a later date. Do not reply to E-mail in anger, if the contents are annoying, allow

a 'cooling off' period. One problem with informal use of the written word is that messages are often generated quickly by the originator and there is no associated body language to indicate the spirit in which the message was sent. To counteract this, combinations of symbols, referred to as 'smiley faces' are used. For example, turn this page clockwise through 90

degrees now :-)

The combination of the colon, dash and bracket, which appear as a smile, indicate that the message is not intended to be hostile.

## Distribution lists

Ease of copying allows E-mail to be distributed among groups of people with a common interest. Participating in an electronic forum involves 'subscribing', which adds an E-mail address to the list of addresses for distribution. There are two E-mail

addresses involved in the distribution list mechanism. One is for administration, usually via an automated process, and the second is the distribution address that processes and forwards the E-mail messages to subscribers.

The syntax used to subscribe varies, a guideline is that the administration address should not reflect the subject of the list unless it has the word 'request' appended. Therefore, examples of a valid address for subscription would be:

*listserv@machine.site.network*  
*majordomo@machine.site.network*  
*maiser@machine.site.network*  
 or  
*listname-request@machine.site.network*

To obtain the exact syntax for subscription and a list of other commands send the word 'help' as the first word on the first line of text to the administrative address.

An example of an E-mail distribution system for pharmacists is Pharmacy Mail Exchange at De Montfort University. This list is a general discussion forum. In addition, many new Internet ser-

**Failure to check FAQs and other sources may lead to rebuke from other subscribers**



vices are advertised. For more details send a one-line message:

info  
to [pharm-request@dmu.ac.uk](mailto:pharm-request@dmu.ac.uk)

## In public

The best known public discussion forum is USENET, sometimes referred to as 'The News'. There are several thousand news groups covering many subjects, which are taken by many computer sites. Pharmacists are represented by the news group [sci.med.pharmacy](mailto:sci.med.pharmacy). The News is read independently of E-mail using a separate News Reader that also handles subscriptions. This avoids high volume in personal mailboxes and any subsequent duplication on the systems themselves.

The principle is similar to E-mail with replies either being directed to the originator or back to the news group. In common with the traditions of The News, [sci.med.pharmacy](mailto:sci.med.pharmacy) is unmoderated and provides an interesting, but sometimes volatile, environment, with contributions from pharmacists and patients around the world.

Careful consideration should be given to the contents of postings for distribution, which may be seen by many thousands of people. Before posting queries, check to see if the subject has been covered recently. In some cases, list owners or news groups issue an FAQ, or frequently asked questions, to cover topics, or threads (questions and replies) that occur frequently. Failure to check FAQs and, in some cases, conventional sources of information first can lead to rebuke from other subscribers.

## Worldwide

The World Wide Web provides access to a wide range of resources via a hypertext interface. Its ability to incorporate images, sound and movie clips have been responsible for the increased interest in the Internet in the last few years. The most comprehensive list of pharmacy-related resources is maintained on PharmWeb at Manchester University. The URL is:

<http://www.mcc.ac.uk/pharmweb/>

## Locating information

There are now a variety of general search engines on the Internet, many of which can be accessed via WWW. A search engine consists of two parts: the first is a gatherer that looks around the Internet and builds a list of URLs and associated keywords into a database. There is also a broker that provides a search interface for the user.

CyberRx is a search engine that specifically targets pharmacy-related resources, the URL is:

<http://www.dmu.ac.uk/In/CyberRx>

Probably the most comprehensive general search facility available is accessible at the BBC, URL:

<http://www.bbc.co.uk/babbage/iap.html>

This BBC WWW page provides links to a variety of search engines listed by category, including information, software and people.

## Search strategy

The first step is to select a search engine that is appropriate to the subject area and look at any help files available that relate to the search mechanism. The principle

## The Internet's future as a vehicle for dissemination of information is assured

is based on the use of operators such as AND and NOT.

Secondly, devise a search strategy that will recover hits from the database and then refine it by restricting or broadening the search. If the search engine is case-sensitive, omitting the first letter will avoid a second pass. For example, 'armacology' will hit the words Pharmacology and pharmacology. Search strategies are usually based on the following:

- **Word relationships** Words that occur in close proximity, eg 'party' and 'beer'
- **Adjacency** Words that occur next to each other, eg 'widow' and 'black'
- **Associations** Apply the criteria AND, eg dinghy AND boats
- **Negations** Apply the criteria NOT, eg father NOT Christmas
- **Truncation** Apply a 'wild card', eg pharm\* will find pharmacy and pharmacology
- **Intermediate words** An example is a middle name to restrict hits.

Do not persist with a strategy that is not working. For example, if an author's name is spelt incorrectly, particularly within the first few characters, the search

will fail. A subject based search may produce a hit from which it is possible to extract the author's correct name or obtain further search categories.

## Software archives

There are various software archives on the Internet, many of which can be accessed via the World Wide Web. Software is compressed and bundled into a single file which can still be comparatively large and costly to transfer using a modem. They are primarily public domain and shareware packages.

Demonstration copies of commercial software may also be found, but these are generally 'crippled' so that essential features, such as printing or file saving, do not work. The major advantage offered by the Internet software archives is the ability to access updates, and to maintain existing software, particularly at system level.

The Pharmacy Consortium for Aided Learning provides a valuable source of information about pharmacy-related software in the UK on:

<http://www.bath.ac.uk/PCCAL/>

The Virtual Software Library (VSL) provides a good general starting point and access to public domain and shareware packages. The main site is at:

<http://vsl.cnet.com/desks.html>

This has a list of European mirror sites. Although Imperial College in London is the designated UK site, it is heavily used and the



VSL front desk in Ljubljana in Slovenia and Aarhus in Finland can often offer a faster means of access.

Because of the impact of the Internet, many more of today's users will go on to contribute to the growing pool of information available. The merging of digital communications technologies, such as computer, telephone and video conferencing, suggests that the future for the Internet as a vehicle for the dissemination of information is assured. Pharmacists in the UK are already well represented

*Paul Hodgkinson is principal technician at De Montfort University and a fellow of the Institute of Science Technology. He is also service co-ordinator for Pharmacy Mail Exchange, which includes archives on World Wide Web. He was involved with the creation of the USENET news group [sci.med.pharmacy](mailto:sci.med.pharmacy)*

## Subjects discussed on Pharmacy Mail Exchange during 1996 include:

- |                             |                           |
|-----------------------------|---------------------------|
| Pluronic Lecithin Organogel | Interactions of sulpiride |
| Erythromelalgia             | Hepatitis B vaccine       |
| Diclofenac Gel              | Skin adhesives            |
| Isoniazid                   | Prescriptions from Mexico |
| Mail order pharmaceuticals  | Novadoxine                |

## Threads active on sci.med.pharmacy on 14/2/96 included:

- |                                |                               |
|--------------------------------|-------------------------------|
| Melatonin – Contra-indications | Taxol                         |
| Liability insurance            | Palliative care               |
| Cost of Inderal                | Crohn's disease               |
| Cozaar                         | Tolerance to Prozac           |
| Cedax                          | Are Rx costs making you sick? |

## Current pages and associated links on PharmWeb include:

- |                                       |   |
|---------------------------------------|---|
| Pharmaceutical Companies              | Health Information                      |
| UK Controlled Release Society (UKCRS) | Hospitals                               |
| Schools of Pharmacy Home Pages        | International Pharmaceutical Federation |
| PharmWeb UK                           | LocumWeb UK                             |
| Drug Control                          | Medical Dictionaries                    |
| Drug Information                      | PreRegWeb UK                            |
| Government Information Sources        | Poisons Information                     |







“Do most vaginal thrush patients prefer a vaginal treatment or an oral treatment?

Read

my

lips.”

In a clinical study, three times as many women expressed a preference<sup>1</sup> for Diflucan\* One (single oral dose 150mg fluconazole) over clotrimazole (single vaginal tablet 500mg).

A single capsule, taken by mouth. No mess, no bother, no embarrassment.

Can be taken immediately, no need to wait until bedtime

Diflucan One (150mg fluconazole) takes as little as 2 days to give complete symptomatic relief<sup>2</sup>

Diflucan, available on prescription since 1988, has been shown to be extremely well tolerated

A £2 million advertising and PR campaign is supporting the OTC launch.



contains fluconazole

<sup>1</sup> Van Heudon et al (1994) European Journal of Obstetrics & Gynecology and Reproductive Biology 55: 123-127  
<sup>2</sup> Report of an International Multicentre Trial (1989) Brit J Obstet Gynaecol 96: 226-272

**Abbreviated product information for Diflucan One (fluconazole)** Presentation: Capsule, containing 150mg fluconazole. Indication and dosage: Vaginal candidiasis. Adults: 16-60 years: single oral 150mg dose. Contra-indications: Hypersensitivity to fluconazole or related azoles; pregnancy and women of childbearing potential unless adequate contraception is employed. Warnings: Lactation: Not recommended. Drug interactions: Anticoagulants, cyclosporin, oral sulphonylureas, phenytoin, rifampicin and theophylline. Side-effects: Nausea, abdominal discomfort, diarrhoea, flatulence and rarely anaphylaxis. Legal category: Package Quantity and Cost: Price: 150mg capsule, pack of 1, £7.12 (PL1906/0017). Product Licence Holder: Pfizer Consumer Healthcare, Wilsons Road, Alton, Hampshire GU34 2TJ. Date of preparation: November 1995.

• TRADEMARK





## ARRIVING AT ALL STATIONS THIS MONDAY.

Are you ready for the return of Setlers to your screen?



If not, you should be. From this coming Monday, Setlers will be viewed around the country by over 13 million indigestion sufferers.

Carefully researched, the NEW

Setlers commercial features Alan, an indigestion sufferer that everyone will be able to identify with. And that won't be the last time you'll be seeing Alan.



Calcium Carbonate

## BRING EXPRESS RELIEF

IN PEPPERMINT AND SPEARMINT FLAVOURS

Stafford-Miller will be supporting the brand with public relations and extensive point-of-sale material later in the year, demonstrating their commitment to Setlers as well as encouraging customers that Setlers is right for them.

So don't be left standing when

the Setlers train pulls in – it's all on board for express relief, and express sales.





# No gain without pain

**Roger King, secretary of Dorset Local Pharmaceutical Committee, has found increasing despondency among his colleagues over the future of independent community pharmacy. Despite this, he believes there is a way forward and that the answer lies in finance**

**O**ne cannot look in the pharmaceutical press without reading how pharmacy must change radically if it is to survive. However, one issue which has been overlooked by many is finance.

One reason which prompted me to write is that, despite all the exhortations to change and the brave new world ahead, I find increasing cynicism and despondency among my colleagues.

The most common reaction seems to be: 'Why should we be expected to work harder and increase our overheads when our remuneration is constantly being reduced in real terms?' Under the present Government, and within the current regulations, there is no answer to this and no glimmer of light at the end of the tunnel, at least not for the independent pharmacist.

## Pharmacy's future

If the future is as rosy as some would have us believe, why are some pharmacies so difficult to sell at a realistic price? Why do pharmacists wishing to purchase find it impossible to compete with the major multiples?

Why is it that the major multiples are prepared to pay high prices to obtain existing contracts, while private pharmacists cannot justify the cost? What



have they got that is not available to the independent proprietor?

At the current rate of progress, the future of community pharmacy could well see the profitable urban sites carved up between the major multiples, while the suburban and rural areas are served by a mail order also run by the multiples.

After all, there is nothing new about mail order in regard to stoma appliances, it's been going on for years.

As a professional, I regret not being able to serve all the needs of my patients, but as a businessman, I feel no remorse at the loss of such expensive prescriptions for an insulting profit.

Under the present remuneration system, it is not surprising that expensive prescriptions are deliberately turned away by independents with the advice to take it to the local multiple. This is hardly the response to be expected from a profession which prides itself on its service.

It is to be lamented that many fee-paid prescriptions for cheap items never reach the Pricing Authority and that there are too many cases of fraud by pharmacists. One such case catching the headlines can undo years of hard work in enhancing the public perception of pharmacy.

However, having said that,

according to some of the public responses to a current Dorset Local Pharmaceutical Committee survey, most people do not know what goes on in a pharmacy at present, let alone what might happen in the future.

## Who pays?

Who is going to provide the funds to make pharmacists happy to provide additional services? There is one source of finance that the Government has never investigated and which would put all pharmacies on a nearly level playing field.

I refer to the imposition of discount on Drug Tariff prices which has caused more acri-

mony within the profession than any other Government measure.

The Government was quick to point out that the NHS regulations entitled it to reimburse pharmacists the actual cost of the drugs and appliances supplied, and that if pharmacists were obtaining discounts from wholesalers, these would be clawed back.

The discount scale was imposed with variable rates according to prescription volume. Why did it stop there? We all know the answer to the question I posed earlier concerning the expansion of the major multiples. Vertically integrated companies, with their huge buying power, are making such high profits from NHS dispensing that they can afford to pay the price.

The Government has every right to impose a higher discount scale on such companies, and part of the savings could be put back into the global sum for the benefit of all pharmacists.

However, welcome as this would be, it would not significantly improve the income of the independent, although it would improve his ability to compete.

Since Government finances are finite, we have to accept that if we want to make more money from the NHS, we have to demonstrate that we can reduce

costs at some stage. Ask any pharmacist to give one area in which he could effect savings and he will say: 'Advice on cost-effective prescribing.'

The Government has been threatening to cap the drugs bill for years, but is scared to do so. As soon as capping takes place, prescribers will be asking pharmacists' advice on helping to meet their prescribing budgets and we will be able to demand a share of the savings. Or will we?

The only way that pharmacy will ever benefit from savings it makes for the health service is via local contracting.

Yes, I am well aware of the results of the Pharmaceutical Services Negotiating Committee's survey into devolved services and of its call for a return to central control. On the basis of results so far, it is hard to argue against the PSNC's position. However, I believe that I can justify my opinion.

In order to continue to be cost-effective and to deliver the level of healthcare required, community pharmacy must become a managed service organised to meet the needs of all patients.

This cannot possibly be arranged on a national basis, due to the great variances throughout the country. In fact, it will not be an easy task at local level, but it will be possible provided that there is adequate planning and co-operation between the managers and the professionals.

In order to provide adequate services with no over-provision, health commissions must have the power to regulate pharmaceutical services within their domain. They will have to conduct needs assessment surveys and use the results to provide a rational location of services.

It must be agreed once and for all that the patient's convenience does not necessarily equate with their best interest. Advised by an independent review group, commissions will have the right to monitor the performance of pharmacies and to establish whether they are all necessary.

Commissions will therefore control entry to and exit from contract in the best interests of patients. Commissions would have the power to facilitate transfer of contracts from areas of over-provision to under-provision, to deny minor relocations where these are not desirable and to compensate pharmacies for amalgamation or closure.

## Closed shop

This may sound like the creation of a closed shop, but, in return for improved security, pharmacists would be expected to invest in good practice and reach a

*Continued on P426* ►



◀ Continued from P425

standard of accreditation negotiated at local level.

Does this mean the abolition of PSNC? Definitely not! There will need to be radical changes in the structure of both PSNC and LPCs. The latter will become the single negotiating bodies for their contractors and it will be incumbent upon them to prepare for this.

It will almost certainly mean the appointment of a full- or nearly full-time negotiator. In order to avoid the appalling differences in local contracting which have shown up so far in the first year, it will be necessary for Government to produce guidelines within which commissions must work. It will be the responsibility of PSNC to negotiate these. In addition, PSNC is ideally placed to collate data on a national basis and disseminate this to local negotiators.

Through regional officers, it will assist local negotiators and ensure the accuracy of the national database. Instead of being funded by the current levy system, PSNC, while receiving a basic retainer from LPCs, would be able to sell expert services to individual LPCs as required.

Remuneration for community pharmacies could then take on a completely different aspect. This would be accomplished by patient registration and capitation fees.

## Freedom of choice

Before anybody starts screaming about freedom of choice, even before the inception of PMRs, the majority of at-risk patients were voluntarily registered with their local pharmacy.

Obviously patient registration would start with such patients and gradually work through the population. Registration would stabilise the profession but would also ensure that standards were met.

The logical conclusion is that we should be able to negotiate for a net target income for all contractors. This would be achieved by a package of different services, some compulsory and some voluntary. Each module would attract funding in conjunction with capitation fees.

## Avoiding the trap

Finally, all our negotiators and professional bodies must be extremely careful that community pharmacy does not fall into a potentially serious trap.

We have been knocking on a lot of doors for years trying to establish so-called new roles. Some of these doors are beginning to open and it would be so easy to rush in, so grateful for the invitation that we omit to secure a fee for the service we are asked to provide.

# Selling yourself



**As an expert on the potential of the multi-disciplinary team, Glaxo Wellcome's customer manager (for pharmacy), Dr Maureen Devlin, knows how important it is to sell you services. Here she gives a marketing guide for pharmacists**

**P**ositioning yourself as a potential player in a multi-disciplinary healthcare team requires some time investment to analyse both the background information and your current situation; a step by step approach that is a personal marketing plan.

### Step 1 – Environmental Analysis

- 1 How many practices and GPs are in your area?
- 2 What specialities do the GPs have (if any)?
- 3 Location of practice nurses and nurse practitioners.
- 4 What clinics are available?
- 5 Identify other health professionals and their location, eg central social services offices/contact.
- 6 How many other pharmacists are in your area? What specialist services do they provide?

### Step 2 – Market Analysis

- 1 What is the patient population of your area?
- 2 What is the demographic

spread of the population, eg age, sex?<sup>1</sup>

3 Analysis of PMRs – what disease areas are significantly represented?

4 Health authority agenda – is the emphasis on mental health, for example?

5 Any work on health needs assessment by health authority.

### Step 3 – SWOT (Strengths/Weaknesses and Opportunities/Threats)

#### Strengths/Weaknesses

- 1 Do you have a specialist therapy interest?
- 2 Clinical confidence, eg a clinical diploma.
- 3 Identify training needs – where are you confident?
- 4 Review relationships with local practices – could they be better?
- 5 Identify areas for development.
- 6 Knowledge of local LPC, health authority advisers.
- 7 Time management
- 8 Activities currently undertaken.

#### Opportunities/Threats

The maxim is to try and 'maximise opportunities and minimise threats':

- 1 Learn from visiting representative that Dr X is struggling with his PACT data. *Opportunity.*
- 2 Local practice employs a hospital-based clinical pharmacist to review prescribing. *Threat.*
- 3 Local Tesco opens a pharmacy and offers its customers additional health services. *Threat.*
- 4 Baroness Cumberledge quoted as saying 'expanding the nurse prescribing initiative into areas of chronic care is not being

looked at'. *Opportunity.*

Pharmacy Awareness Week. *Opportunity.*

DoH remuneration. *Threat.*

DoH-funded prescribing initiatives. *Opportunity.*

Some opportunities will be easier to exploit, and some threats easier to address by working in partnership with colleagues, other professionals and other interested parties.

### Step 4 – Critical Success Factors (CSFs)

A critical success factor is something you must achieve or you will fail to meet objectives, eg: Objective – to be involved in a local initiative to screen GI patients for *Helicobacter pylori* (*Opportunity*).

CSF1: to have undertaken the necessary training.

CSF2: to identify yourself to the project leader.

### Step 5 – Action Plan

The action plan, with timings and ways of assessing progress, largely falls out of the critical success factors and how you aim to achieve them.

If an objective is to become clinically confident in the area of mental health, the CSFs may include:

CSF: to undertake required training through the local university.

Action Plan: 1 Identify local clinical pharmacy specialist – November. 2 Identify Suitable training course – December. 3 Pass Clinical Diploma – Year 2.

### Step 6 – Strategy

Devise a personal strategy: an overall plan that describes where you are aiming for and what you want to be. A strategy ideally should include the phrase 'in order to ...'

For example: 'Concentrate on the provision of pharmaceutical services in order to differentiate myself from the local competition and maximise the new revenue streams.'

There are many opportunities for pharmacists to become more involved in the delivery of healthcare. However, this is one instance where actions don't always speak louder than words – dialogue with other professionals is vital in order to build relationships of trust and co-operation. Then subsequent actions will positively shout!

### References

- 1 Figures available from director of public health for the health authority.
- 2 RCN/RPSGB Conference, February 21, London.



# Sufferers choose it for speed You recommend it for peace of mind Brilliant new deal for you in 1996

With Clarityn Allergy, hayfever sufferers get what they want; relief from symptoms within minutes<sup>1</sup> – nothing works faster! What's more they'll stay alert throughout the day<sup>2</sup> and be sure of a full 24 hours relief<sup>3</sup> from a single tablet.

With Clarityn Allergy you get all the peace of mind you need. Clarityn Allergy has two metabolic pathways<sup>4</sup> so there are no clinically relevant drug interactions.<sup>5,6,7</sup>

Equally important, Clarityn Allergy does not potentiate the effects of alcohol.<sup>8</sup>

Last but not least, there's a brilliant new deal for you and your customers in 1996 – an unbeatable 35% POR on both Clarityn Allergy and Clariteyes, and a new 7 tablet pack for the same retail price as last year's 5 tablet pack.



#### Product Information

**Clarityn Allergy:** Clarityn Allergy tablets contain 10mg loratadine. **Indications:** For the relief of symptoms associated with hayfever, allergic rhinitis and urticaria. **Dosage:** Adults and children aged 12 and over: One tablet once daily. **Contra-indications, precautions:** Hypersensitivity. Pregnancy and lactation. **Side-effects:** Rarely, fatigue, nausea and headache. **Pack size:** Pack of 7 tablets. **Retail price:** £3.95. **Legal category:** [P]. **Product licence number:** 0201/0175. **Product licence holder:** Schering-Plough Ltd., Welwyn Garden City AL7 1TW. Date of last revision: August 1994.

**Clariteyes:** Clariteyes Eye Drops contain sodium cromoglycate Ph. Eur 2% w/v. **Indications:** For the treatment of acute seasonal (allergic) conjunctivitis including hayfever. **Dosage:** Adults, children and the elderly: One or two drops into each affected eye up to four times daily. **Contra-indications, precautions:** Hypersensitivity. **Side-effects:** Transient blurring of vision, burning, stinging may occur. **Pack size:** 10ml. **Retail price:** £3.95. **Legal category:** [P]. **Product licence number:** 0201/0191. **Product licence holder:** Schering-Plough Ltd., Welwyn Garden City AL7 1TW. **Manufacturer:** Waverley Pharmaceutical Ltd., Runcorn, Cheshire WA7 1QE. Date of preparation: January 1994. Prices correct at the time of going to press.

**References:** 1. Soto Roman L. *Today's Ther. Trends*, 1988; 6: 19-27. 2. Belts T. *et al.*, *Proc. XIII Int. Congr. Allergol. and Clin. Immunol.*, Montreux 1988: 74-79. 3. Bandv C. *J. Int. Med. Res.* 1989; 17: 150-156. 4. Hey J.A. *et al.*, *J. All. Clin. Immunol.*, January 1994. 5. Afrime M.J. *et al.*, *J. All. Clin. Immunol.*, 1993; 91(1): 259-6. Data on file, Schering-Plough. 6. Data on file, Schering-Plough. 7. Data on file, Schering-Plough. 8. Moser L., Plum H., Bueckman M. *For. Acad. of Allergy and Clin. Immunol.*, Budapest, May 1986 Abstract.



# Bright EYES

The sunglasses market is worth approximately \$58 million (Mintel for 1994) and Derek Drew, managing director of Eyecare Products, the largest distributor of sunglasses in the UK, expects 1995 to record about \$60m. The market has been static for a while, mainly due to recessionary pressures, he says.

But it's a significant sector for the retail chemist, Mr Drew maintains, "roughly the same size as baby wipes or eyeshadow, and very low risk. Most manufacturers offer some sort of sale or return package", he says. "Depending on what kind of margin you're looking for, some offer 100 per cent sale or return."

## Standing room

And sunglasses are a useful utiliser of floorspace. The smallest counter stand from Foster Grant, which has a 10-inch diameter, will bring in sales (ex-VAT) of \$736, while a larger 120-piece stand will bring in just under \$1,600. The minimum margin a chemist can make is 50 per cent, says Mr Drew.

He would always advise consumers to choose a recognised brand, and to steer well clear of 'market stall produce'. "Most manufacturers in this country produce good quality product and conform to the industry standard, BS2754," he says.

When choosing a pair, it is important to note what type of lenses they have and what you're going to be doing in them (if they're suitable for sport, etc). He believes you should pay special attention to children's glasses. "Buying a \$0.99 pair

"The future's so bright we gotta wear shades" ... but there's so many to choose from! Liz Jones looks at the summer styles for 1996

is just a way of fooling yourself you're protecting your children's eyes," he says. Again, a recognised brand should be sought.

This year, Foster Grant has been inspired by the rich and famous: Jackie O, John Lennon and Thelma & Louise ... The new range highlights fashion trends offering styles in both acrylic and metal frames. Its children's range has been extended to support the increasing awareness of protecting eyes at an early age from the dangers of UVA and UVB, and now incorporates a line of brightly-coloured frames to attract young eyes.

Drivers are being offered an increased choice, too: with colouring fidelity and graduated tint lenses.

All Foster Grant sunglasses give maximum protection against both UVA and UVB rays and conform to the British

Standard BS2724 and the new Provisional European Standards (CE). Each pair is sold with a protective wallet and has a lifetime replacement guarantee.

The new collections from the Sanico and Mazzucchelli brands claim to combine both Italian originality with English simplicity.

The Mazzucchelli range features two lens types: Melanin lens and Supercolor lens. The Melanin types enhance the protection of the natural melanin in the eye, which is lost gradually with age. The new lens not only blocks all UV light but also filters col-

Sunbrella sunglasses from Jackel International



The new Revlon Collection: 44 fashionable shapes



Sun hats are the latest in sun protection for children from Tommee Tippee



ours in proportion to their ability to damage the eye.

The Supercolor lens is only available in these brands. This blocks all UV and harmful blue light, but accepts high levels of safe colours, making them higher in definition and suitable for sportswear and driving.

The new Revlon Collection comprises 44 fashion and classic shapes, with prices that range from \$12.99 to \$29.99. The distinctive Revlon 'R' is incorporated on most styles. They are fitted with UV100 lenses, which offer maximum protection against both UVA and UVB rays. Some feature Truecolour lenses. These transmit a truer and clearer colour than conventional sunglasses while maintaining their ability to protect the eye from harmful rays.

A new speciality from Solarite is the Sun-Over. This is a durable polycarbonate model, giving UV100 protection. The Sun-Over fits over existing spectacles, but is not a clip-over. It is a full fit-over style and is lightweight. Fashion looks for this season are smallish-style metal and combination (metal with plastic parts), and classic shell-tone is making a bit of a comeback. Cobalt blue mirror lenses are also a fashion trend to watch, the company says.

## Licensed ranges

Alfred Franks and Bartlett is launching two new licensed ranges this year: Baywatch and Disney. The Baywatch range is designed to attract the teenage and young adult market. It offers a choice of eight fashion styles, with the latest lens and frame colours. The Disney range of children's sunglasses feature Mickey and Minnie Mouse in a variety of colours and styles with Disney character motifs on the branch arms.

According to product manager Aileen Wilson at Jackel International, more than 100,000 pairs of Tommee and Topsy sunglasses have been pre-sold for March delivery. Available in counter display boxes holding 48 pairs, children's sunglasses start at \$1.29 a pair and go up to \$4.99.

Tommee Tippee is also extending to another area of child sun protection: sunhats. A new range of boys' and girls' from birth to six months plus are available in a sunhat display box (containing nine hats) at a price of \$21.30. There are six styles in all – three for boys and three for girls. Boys have a sailor hat, a soft jersey hat and a Foreign Legion-style cap with neck flap, while girls have a broderie anglaise mob cap, a printed pink and white spotty hat and a chambray hat with bow and upturned brim. Retail prices are from \$2.99 to \$3.49.

# Sun



## gets in your eyes

**Ultraviolet damage is now thought to contribute to numerous eye conditions, such as cataracts and retina degeneration, common in later life. Wearing good quality sunglasses in strong sunlight is an important preventative measure, but the message is taking time to filter through. Sarah Purcell reports**

**W**e all now know that too much sun is bad for your skin; but how many of us are aware of the damage sunlight can do to our eyes? Looking at a few surveys, very few, it would seem.

A study carried out by the Cancer Research Campaign reveals that just 28 per cent of people always wear sunglasses when out in strong sun, while 19 per cent say they never wear them. Clearly there is a need to inform people of the potential harm they may be doing to their eyes and the simple measure they can take to protect themselves – by wearing good quality sunglasses.

Sunlight is radiant energy made up of tiny particles called photons. Not all of these are harmful to the eye – only the high-energy ones. The solar spectrum is measured in nanometres and can be divided into wavebands, going up to a high point of 2,500nm. But it is only the band from 380-770nm that reaches the eye. The harmful high-energy photons are in the ultraviolet part of the spectrum, while the harmless low-energy ones occur in the infrared. The harmful photons are in the invisible UVA and UVB (280-380nm) and in the visible blue light (380-500nm). Just as UVB rays can burn the skin, so they can quickly damage the external eye tissue. While the eye will usually recover from occasional over-exposure, if it is excessive, it can damage the retina. UVA rays are associated

with long-term skin ageing and have a similar effect on the eye. Over time, UVA rays can speed up the ageing process and increase the likelihood of diseases related to ageing, such as cataracts. Blue light is thought to have a similar effect to UVA, causing damage to the retina with over-exposure.

Janet Silver, principal optometrist at Moorfields Hospital, says: "Eyes that are exposed to UV light will age faster, and can be more prone to age-related conditions, such as cataracts. These can be cured with an operation, but more serious is damage which can occur to the retina. We're seeing an increasing number of cases of macular degeneration in older people, which is not treatable. It looks like it can be linked with UV exposure, but hasn't been totally proven yet."

## Eye conditions

● Cataract is the most common cause of visual impairment and blindness, affecting 40 million people worldwide, says Professor Richard Young in his paper 'Solar radiation and diseases of the eye'. The lens loses its transparency and vision is impaired. UV exposure is thought to be a major factor. "The greater a person's exposure to sunlight, the earlier in life lens deterioration results in visual impairment from lens opacity," he says.

● Macular Degeneration is a major cause of permanent blindness in older people. Over time,

the light-sensitive visual cells in the central region of the retina die off, resulting in a blind spot in the central area of vision, which increases in size. It is thought to be partly caused by exposure to blue light. People with heavily pigmented eyes are less at risk, as are those with darker skins are less likely to get skin cancer.

● Pterygium is an abnormal growth and inflammation of the conjunctival tissues, which can impair vision if it extends over the cornea. UV exposure is thought to be a significant cause.

● Photokeratitis (or snow blindness) is caused by acute over-exposure to UV rays, particularly in snow-covered regions at high altitudes. Although not permanent, it can be extremely painful and eyes remain hypersensitive to light for some days.

● Basal Cell Carcinoma commonly affects the eyelid. Although not malignant, the patient may need extensive plastic surgery. Its main cause is sunlight exposure.

● Ageing of the skin in the eye area caused by sun exposure and squinting, although not harmful, results in lines and wrinkles.

## Eye protection

The effects of sunlight on the eye are thought to be cumulative, so regular protection from an early age is important. Wearing good quality sunglasses that filter out harmful UVA and UVB rays, as well as the majority of blue light, could help reduce the risk of developing these eye conditions later in life. But much education is still needed to convince the public – the Cancer Research Survey showed that over a third of parents never ensured their children wore sunglasses. Ms Silver advises choosing a lens material that doesn't transmit UV light (plastic is better than glass) and also cuts out blue light.

So would protecting the eyes all the time help? Ms Silver advises against wearing tinted spectacles. "A slight tint will not be enough to protect your eyes from strong sunlight, while if you're going from bright light outside to a darkish room indoors, your vision may be slightly impaired which could be dangerous."

Optician Andrew Merry says: "Wearing sunglasses or tinted glasses all the time is not really dangerous, but it may accustom the eye to dimmer light." Spectacle wearers have some protection from UV light if the lenses are made from CR39 plastic, which has good UV absorbing properties, says Mr Merry. This can be further improved by adding a UV blocker to the lens. The new UV protection contact lenses, he says, will only protect the cornea, not the conjunctiva.



# Fitness to train

Mr Whitecoat is considering training and how it will apply to both new and existing members of staff. **Terry Maguire** is a pharmacist in Belfast and a senior lecturer in pharmacy practice at The Queen's University of Belfast

**T**raining is always associated with taking on new staff, but, because it is essential to the development of the business, it should be a continuous process.

The first step is the identification of staff training needs. Mr Whitecoat may feel that training is too expensive. However, he should remember the old adage: 'if you think training is expensive, you should try ignorance'.

Training improves the effectiveness of staff by producing a beneficial change in their knowledge, skills and attitude. Assessment of training needs is often ignored, but is extremely important. It is essential to know what is required, otherwise the process will be very inefficient. The first stage is the identification of the 'training gap'. This is the difference between current knowledge, skills and attitudes, and those needed to do the job.

Training needs might be identified in a number of ways.

- **Observation.** How does the employee perform compared to the ideal?

- **Interview.** Either as part of a



specific training needs interview or as part of an appraisal.

- **Critical incident.** When an error occurs, rather than use it to criticise, the question should be why did this happen and is there a need for additional training?

- **Problem-centred approach.** Gather anecdotes of work behaviour – especially good and poor performances or the most difficult activity the employee undertook that day – and establish why it proved so difficult. This will indicate where training needs lie.

## Planning ahead

Planning is essential to effective training. Consideration of how people learn identifies three essential elements.

- **Context.** When employees

are aware of the context of their job, they will see why it is important and will have greater motivation to undertake it.

- **Piece learning.** The rate at which people learn differs greatly, but most learn best when a job is split into digestible 'chunks' which come together to make the complete job.

- **Practice.** Practice is essential to improve skill. It should not be practice alone, but rather practice with appropriate feedback to ensure that the employee is practising correctly.

Taking these issues on board, we get a view of how Mr Whitecoat should plan a training session. Take the example of training an employee to use a till. The context relates to why the pharmacy needs to keep cash and sales records. Piece learning would relate to taking compartmentalisation as one 'chunk' to be explained separately. Practice will come dealing with real customers.

## Implementation

Chinese proverb: I hear and I forget, I see and I remember, I do and I understand.

If you are well prepared, the training process will be more successful. Putting your employee in the picture is the first point and you should start by finding out what their present skills and knowledge are.

Good explanations are essential. When explaining you must:

- pause for just a moment before giving an explanation, so that the terminology and articulation are considered with care

- speak fluently, keep sentences short, with occasional pauses

- use clear terms the employee understands, if you need to use jargon, explain it

- provide verbal and non-verbal emphasis. Verbal emphasis can be achieved by planning repetition of selected points. Non-verbal emphasis involves hand gestures and facial expression

- make use of illustrations. Provide a summary at the end.

## Evaluating

The training will be meaningless if it does not achieve its objective of bridging the training gap. This is why evaluation is important. Most managers evaluate employees daily as part of an ongoing process of observation at work.

However, Mr Whitecoat might consider a formal appraisal, each month, for example, as this allows the opportunity to formally discuss those informal observations. It will force him to observe and evaluate the employee and to determine what can be done in terms of improvement. The appraisal interview is a sharing of views with the aim of improving the overall performance of the business.

Good listening skills are essential and Mr Whitecoat should minimise expressions of concern.

Sunday 26th and Monday 27th May 1996  
Alexandra Palace, Wood Green, London N22 4AY

*The 14th Afro Hair & Beauty Exhibition is the place to be if you are looking for the latest news in Afro Hair & Beauty products.*

*Admission for Hairdressers & visiting trade is FREE on Sunday 26 May from 9.00 am to 12 noon. So apply now by sending in your business card with details of tickets required\* (together with SAE) to: Claire Jackson, Event Organiser, Afro Hair & Beauty Ltd, 19 Bernard Road, London N15 4NE. Tel: 0181 801 7321*

*Sunday 26 May, 9.00 am - 12 noon (trade only)*

*12.00 noon - 7.00 pm General Admission*

*Monday 27 May, 10.00 am - 7.00 pm General Admission*

*\*Please allow 10 days for delivery of tickets.*



# Growing independents

**N**ucare grew out of the Oshwal Pharmacy Group, a voluntary buying circle of independent pharmacists, which was set up in 1987 by Veni Harania. In 1993, the group decided to form a company and invited offers for subscriptions under the Business Expansion Scheme. It raised almost \$500,000 and began to trade as Nucare in early 1994 with 180 members and Mr Harania as managing director.

The company has expanded rapidly since then – “a little more quickly than we thought”, says Mr Harania. It now has 650 members and aims to have 1,000 by the end of 1997, rising to 2,000 by the end of the century.

Its main function was, and still is, to enable members to buy all pharmacy merchandise at a competitive price. The company has built up a good relationship with one national wholesaler (AAH) and a number of smaller suppliers, and, to broaden its discount range, has also begun to negotiate directly with a number of manufacturers, “who are just beginning to understand us”, says Mr Harania.

When Nucare was set up, membership was concentrated on pharmacies within the radius of the M25. Now geographical coverage is spreading, with members coming from within a ‘corridor’ leading up to the West Midlands. Within the next four years Mr Harania hopes to have members all across Great Britain. Recent advertising has resulted in a rush of interest from Scotland.

The majority of members are independent community pharmacists, with small chains of two or three shops accounting for around 100 of them. The largest chain in the group has eight outlets, but Mr Harania has recently



**Nucare is a trading organisation keen to get the best deal for its member pharmacists. Veni Harania, the company's managing director, explains how it is improving the independent's lot**

received an application from a 35-pharmacy chain. Most members hold shares, although there are a small number who do not – the business plans a share issue in 1997 to rectify this.

Building up the membership is the main priority at the moment and, to this end, there are three full-time and two part-time territory managers, who visit pharmacists and explain the benefits of Nucare. The company also holds regional meetings to spread the word, but to get pharmacists to sign on the dotted line

it is much better to visit them individually in the pharmacy, says Mr Harania.

## Marketing focus

Many of the current members signed up as a result of word of mouth, but Mr Harania believes that employing marketing tools to meet the membership targets that the board has set is an important way forward. So the company is concentrating on marketing its services and products, not only through its territory managers but also through advertisements, public relations exercises, telesales and meetings around the country.

Now the organisation is creating an own-brand range. The intention is “to develop a small portfolio and concentrate on OTC medicines”, according to Mr Harania. The company is talking to a number of contract manufacturers and already has seven own-brand vitamin products to offer. By the end of the year, Mr Harania predicts that there will be around 40 products, including a number of OTC medicines, in the range.

The company also offers members a number of ‘ancillary services’, among them health insur-

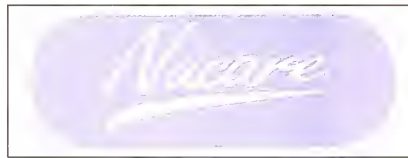
ance, AA membership and discount banking rates. Members have only one invoice to deal with at the end of the month. Nucare pays the various suppliers.

As the business grows, Mr Harania sees the potential to talk to manufacturers and offer them a bigger package: in-store merchandising and pharmacist recommendation of their products.

At the moment, the company has no input in the merchandising of its members' stores. Although these remain independent, Mr Harania says that it is important for customers to recognise the Nucare name, because it will be associated with the best in community pharmacy. “Most of our members are in the heart of the community. They know their customers and patients better than a High Street pharmacy,” he says.

The organisation's aim is not just to help its members develop traditional sales. It wants to help them expand professional services, to help raise standards and facilitate further training. Mr Harania believes that, in time, the consumer will identify his company's pharmacists with a better level of customer care.

“We must equip our members with what is best for them ... We aim to work hand in hand with the Royal Pharmaceutical Society initiative, ‘Pharmacy in a New Age’, by mixing commercialism and the initiative of a new professional role. We will talk to our members in earnest and influence them to follow this



## From a wholesaler's point of view

AAH Pharmaceuticals has been associated with Veni Harania for more than five years. He has always “had a clear vision of what he was trying to obtain in terms of establishing Nucare”, says Alan Turner of AAH.

“AAH sees Nucare as a voluntary trading organisation, not unlike Vantage and Numark. The difference between a buying group and a voluntary trading association is that the latter has a head office function and offers value added services to its members with the objective of

developing the whole independent sector. The advantage of organisations such as this is that they are helping to protect the independent sector, while also growing and evolving the profession in the future.”

Mr Turner says of Nucare's own-brand plans: “AAH works very closely with the company in liaising with manufacturers to obtain promotional products on its behalf, as well as getting it involved in new product launches, training programmes and so forth.

path. Then they will be encouraged by the commercial benefits they see.”

Pharmacy is being challenged by other retail sectors: “Super-stores and multiples will always have especially-strong toiletries sales, offering a range and price of product that most independents cannot compete with,” says Mr Harania.

To compensate, he believes pharmacists must develop other roles in diagnostics, domiciliary care participation and, as well as advising patients in the pharmacy, a role in advising other healthcare professionals.



# Moss shines as Unichem profits grow by 12pc

Unichem reported a 12 per cent jump in profits for 1995, a year of "notable achievement", says chief executive, Jeffery Harris.

Turnover increased 6 per cent to \$1,403 million for the year to December 31, 1995, operating profits rose 14 per cent to \$53.3m, with pre-tax profits rising to \$49.4m. The proposed dividend per share climbed to 8p per share up from 7.13p in 1994.

The Moss chain turned in a strong performance, adding 70 new units in 1995, taking the total to 423. The division turned in a 48 per cent increase in operating profits, which stood at \$12.3m for the year.

The number of Moss pharmacies operating in superstores expanded, with new contracts with Asda, Somerfield, Morrisons and Waitrose bringing the total number of in-store pharmacies operated by Moss to 65.

Sales grew 37 per cent to \$208.5m. "The Moss emphasis on healthcare services and OTC medicines is primarily responsible for better performance than the market in general in both NHS and OTC categories," says the company.

Like for like turnover from

NHS dispensing increased 9 per cent; total turnover from dispensing grew 42 per cent, giving Moss a 4 per cent market share.

Moss turned in like for like growth of 15 per cent in Pharmacy medicines, 7 per cent in GSL medicines and 4 per cent in toiletries. Within the toiletries category, it was healthcare-oriented products that performed best.

During the year, the Moss Chemists' management team completed a major strategic review on the future of retail pharmacy. The recommendations from that are now being implemented and involve initiatives on the positioning of shops and projects to improve Moss Chemists' retail activities.

These projects will ensure that outlets are running "sharper and smarter", says Barry Andrews, Moss retail director. They include stock balancing, tiered pricing, re-ranging shops to fit with local product demand, best practice staffing and proper profile refits.

There are no significant capital or revenue costs involved, but there will be a beneficial effect on profits from 1997 onwards.

The retail division continues to look at a "significant number" of acquisition opportunities.

The wholesaling division saw major benefits from the installation of new systems and technology, with sales rising 4 per cent to \$1.3 billion. Operating profit for the division rose to \$39m, from \$37.1m in 1994.

Like for like growth in prescription pharmaceuticals was 6 per cent, but OTC product sales were down on last year, caused by continuing market weakness and by a period of poor customer service earlier in the year.

Operating margins moved ahead, despite weak performance in the first half, buoyed by second half margins that were the highest ever achieved by the division.

The introduction of an inventory management system and a warehouse restructuring programme means the business has "a sound platform for further growth in 1996. Market prospects remain encouraging and we are confident of further growth in revenue and operating margins", says the company.

Unichem remains "strongly positive" about the future and



Unichem chief executive Jeff Harris

plans to "expand core businesses and develop into related healthcare markets".

Last year saw the launch of Unichem's healthcare agency business with a contract from Smith & Nephew, and Unichem sees "significant opportunities ... to extend this service to other manufacturers".

The company says that it remains confident of a favourable outcome to the Monopolies and Mergers Commission investigation into its bid for Lloyds Chemists.

Last year also saw a number of deals in Europe. The merger with Alliance Salute, a major wholesaler in Italy and France, announced in November, will be completed shortly. Unichem also incorporated Unichem Healthcare (Netherlands) as a wholly-owned subsidiary, "with the intention that it will become the holding company to manage European interests".



Ian Taylor, parliamentary under secretary of state for Science and Technology, gets to grips with some of the hands-on exhibits at the Association of the British Pharmaceutical Industry's stand at Imperial College, London. The stand was part of a display for Science, Engineering and Technology Week. The display included 'science suitcases', which contain a range of interactive exhibits about the human body. The suitcases are available for loan to schools

## Gehe bid under UK scrutiny

The European Commission has referred the Gehe bid to take over Lloyds Chemists back to the UK authorities.

It is now widely expected that the secretary of state for Trade and Industry will refer the Gehe deal to the Monopolies and Mergers Commission, a move that will "have the advantage of allowing both bids [Unichem and Gehe] to be examined by the same regulatory authority on a co-ordinated timetable", says the EC.

If this occurs, Gehe's offer will lapse as Unichem's has and the authorities will have until the end of June to report on the proposed mergers.

The Commission referred the bid back for a number of reasons; one being that, after the merger, Gehe/Lloyds and Unichem would be the only two wholesalers supplying a full range of products

throughout the UK. Based on current evidence, says the Commission, regional wholesalers would appear unable to provide a sufficient competitive counterweight to such a duopoly.

The Commission also says that it has identified a small number of areas where pharmacies belonging to the AAH and Lloyds' pharmacy chains would appear to have a local monopoly.

Furthermore, the Commission considers that, because Gehe/Lloyds would be a leading wholesaler and retailer, this could affect the supply of pharmaceutical products to independents competing at a retail level with the group's own outlets.

Gehe says that it has noted the EC decision and will wait to see whether the deal is referred to the MMC before making any further announcement.



## Positive influence from Medihealth

Medihealth, the new pharmaceutical distributor, will be a "positive influence to support community pharmacists", according to corporate marketing director Malcolm Davies.

The company recognises that the pharmacists' role is changing, says Mr Davies, and to "fulfil their destiny as front-line healthcare advisers pharmacists must generate higher margins".

Medihealth is hoping to help pharmacists by supplying products that enhance margins, including imported ethicals (PIs) and a portfolio of generics. It is also looking to develop a range of branded generics. The company will specialise in medicines and will not distribute toiletries, but, Mr Davies stresses, Medihealth is not a short line wholesaler.

Medihealth bought Spectrum earlier this year, "which was the first step in establishing Medihealth as a specialist sales and distribution company", says Mr Davies. The company is aiming to reach the top 5,000 pharmacies (those with the largest turnover) nationwide "as quickly as possible". This may be through acquisition or organic growth of the current sales force.

## Scotia increases R&D and revamps nutrition

Scotia saw turnover fall and operating losses increase during 1995, mainly as a result of increased research and development expenditure.

R&D spending rose 38 per cent to \$16 million, contributing to an operating loss of \$11.8m. Despite this, the stock market reacted positively, with Scotia's share price rising 5p to 625p.

Turnover for the year to December 31, 1995, was \$21m, down from \$22.7m a year earlier, a fall of 7.2 per cent. However, Michael Lawther, finance director, said that if one discounted the effect of a one-off distribution payment of \$2.6m in 1994, turnover had risen 1 per cent.

He admitted, though, that the company was "very disappointed with results" from the nutrition business, which turned in sales of \$7.8m (\$8.5m in 1994). Scotia is already working to improve the situation, with a new management structure, new pricing strategy, and several new ranges.

Most of the growth in the pharmaceutical division (up to \$7.8m

from \$7.2m in 1994) came from its new subsidiary, Lipidtekniuk, acquired in 1995. Sales of Epogam fell, mainly due to generic competition in Germany, but, said David Horrobin, Scotia's chief executive, this competition was likely to disappear as a result of Scotia's patent victory at the European Court of Justice. Epogam "has the potential to become a very successful drug indeed", said Mr Horrobin, as the company has expanded its potential by reformulating the product as an emulsion, which can be taken as a single daily dose.

Mr Horrobin said two of the highlights of 1995 had been the placing and open offer in mid-year that raised \$34m and the progress of the company's priority R&D projects, with two UK product licence applications filed (for EF4 and EF13).

The company also emphasised the "exceptional potential" of its EF9 (Foscan) phototherapeutic agent by establishing a new division to deal solely with photodynamic therapy.

## Bayer diagnostics move

Bayer is relocating its UK diagnostics division to Newbury, Berkshire. The division will join the pharmaceutical and self-medication groups already at Newbury. There will be no change to direct dial telephone numbers used by customers, but the main switchboard number will change to 01635 563000.

## RPI rise

The retail price index rose by 0.5 per cent over the month to reach 150.9 in February. In the 12 months to February, the RPI rose 2.7 per cent, down from 2.9 per cent for the year to January. Price rises for several cosmetic and toiletry products led to a sharper increase in the chemists goods index than last year. It rose 6 per cent over the 12 months to February to 169.2.

## SB's new sales force

Smithkline Beecham's new pharmacy sales force will be launched on April 1. This week's C&D carries a supplement from SB giving details and telephone numbers for the new territory business managers.

## Supply report

Graver Boot Associates has published an independent review of the NHS product supply chain. Recent changes mean that NHS users and buyers must rethink their supply route. 'The supplies situation: 1996 - an executive briefing' is available, price £39, from Graver Boot Associates. Tel: 01246 583440.

## BASF buys in Japan

BASF is to buy a majority shareholding in the Japanese drug company Hokuriku Seiyaku. The bid is the first for a Japanese drug company since the early 1980s. Hokuriku specialises in the therapeutic areas of antibiotics, peripheral nervous system, respiratory disease and central nervous system.

## 3M patent upheld

A European Patent Office tribunal recently upheld 3M Pharmaceutical's European patent for hydrofluoroalkane aerosol propellant formulations. The patent had been challenged by Norton Healthcare, Schering, Boehringer Ingelheim, Smithkline Beecham, Fisons and Dr Sylvain Rault. The patent covers the technology used to produce 3M's 'Airomir' salbutamol sulphate inhaler, the world's first non-CFC, HFA pressurised monitored dose inhaler.

## Loan rules simplified

Richard Page, the Small Business minister, has announced new simplified rules and a refocusing of the Small Firms Loan Guarantee Scheme.

The changes will mean:

- additional support for businesses in the service sector as a result of simplifying the rules on business size. Service businesses with an annual turnover of up to £1.5 million will be able to benefit in the future (the current limit is \$500,000)
- support for the smallest businesses will be boosted by allowing those with loans under

\$30,000 to enjoy the possibility of capital repayment holidays only available at the moment to those taking out larger loans

- support for more businesses that have received investment from 'business angels'.

A number of other changes mean that:

- the current enhanced terms for certain inner city areas will be discontinued
- a number of local services will be excluded
- the maximum delay before drawing down the loan will be reduced.

## Elan diversifies with Athena acquisition

Elan, the Irish-based pharmaceutical company, is to pay \$392 million for Athena Neurosciences, a biotechnology company located in California.

Athena will become a subsidiary of the Irish operation as a result of an all-share deal under which Athena shareholders will receive American Depository shares in Elan.

The deal marks a diversification for Elan from its core area of developing improved versions of existing drugs, but will add research, marketing, sales and distribution capabilities to its expertise in drug delivery and development, says Donal Geaney, Elan's chief executive.

After the merger, the company will have products for epilepsy and Parkinson's disease on the market; treatments for multiple sclerosis, epilepsy, neuromuscular disorders and Parkinson's disease in development; and discovery phase products for treating and preventing Alzheimer's and multiple sclerosis.

Elan's best known product is its slow-release form of Hoechst Marion Roussel's high blood pressure drug, Cardizem.

## COMING EVENTS

### TUESDAY, APRIL 2

**Bath and District Branch, RPSGB**  
Pratts Hotel, Bath, 8.00pm.  
'Pharmacy in a New Age'  
discussion organised by Alistair Rutherford of the local LPC.

### Advance Information

**Scottish Pharmacists in Mental Health** is holding its 21st seminar on **April 28** at Queensferry Lodge Hotel, Inverkeithing, Fife.  
**Pharmacy Practice Research**

**Resource Centre** is holding a Health Services Research and Pharmacy Practice conference on **May 9-10** in Manchester.  
**The 14th Afro Hair & Beauty Exhibition** will be held on **May 26 and 27** at Alexandra Palace, London. Details from Clare Johnson, tel: 0181 801 7321.  
**University of Bradford** is holding a Pharmacy Prestige lecture on **May 29** at its school of pharmacy. Further details from Professor Peter York, tel: 01274 384738.



# Classified

Appointments £25 + VAT P.S.C.C. minimum 3x1  
General Classified £23 + VAT P.S.C.C. minimum 3x2  
Box Numbers £12.00 extra. Available on request.  
Copy date 4pm Tuesday prior to Saturday publication.  
Cancellation deadline 10am Friday; one week prior to insertion date  
All cancellations must be in writing  
Contact Lucy Reynolds Chemist and Druggist (Classified)

Miller Freeman PLC, Sovereign Way, Tonbridge, Kent TN9 1RW  
Tel: 01732 377222 Internet: <http://www.dotpharmacy.com/>  
ALL MAJOR CREDIT CARDS ACCEPTED



## APPOINTMENTS

### SOUTH LINCS./NORFOLK

Do you want to think for yourself?  
Do you want to use your own initiative?  
Do you want a pleasant lifestyle?  
Do you want inexpensive housing?  
Do you want good schooling?  
Ask yourself what your future holds.  
Newly registered considered.  
A small INDEPENDENT company requires a pharmacist manager. Salary and conditions negotiable.  
Contact Brian Foster 01406 425536 (day) or 01406 425124 (evenings)

### PORTRUSH, N. IRELAND

Enthusiastic pharmacist required for busy dispensing pharmacy. Easily managed, minimal paperwork. Excellent salary available.

Apply to R. McGlauchlin, 21 Rainey Street,  
Magherafelt BT45 5DA  
Tel: 01648 32334/32051

### BANBURY - Pharmacy Manager OXFORD - Relief Pharmacy Manager

We require two enthusiastic pharmacists to join our management team. We offer an excellent working environment, with good supporting staff and a rewarding salary package.

Please apply in writing, enclosing a concise CV to Adrian Taylor, Philip Harris Plc, Saxon House, Saxon Way, Cheltenham GL52 6QX

For further details telephone 01242 226814 or fax 01242 222796

### BANK PHARMACISTS Redhill, Surrey

Pharmacist required to work Saturday 9-1pm and odd hours during the week.

Contact 01737 762295

### WORTHING Grays, Essex

Managers required. Easy hours. Good supporting staff. Free medical insurance. Excellent prospects.

Flat available if required.

CV to Alison Byrd, Day Lewis Plc, Bensham House, 324 Bensham Lane, Thornton Heath, Surrey CR7 7EQ or telephone Kirit Patel 0860 484 999 or 0181 689 2255 daytime, 01883 345519 evenings and weekends.

### NOTTINGHAMSHIRE SENIOR DISPENSER AND DISPENSER

Required for busy General Practice Part time Monday to Saturday, with additional hours to cover absences. Excellent working environment, rewarding salary, non-contributory pension scheme. Apply in writing with CV and 2 referees by 12th April to Sheila McCluskey, Belvoir Health Group, Bingham Health Centre, Eaton Place, Bingham, Nottingham NG13 8BE. Tel. 01949 837338 Fax: 01949 831906

### SOUTHEND-ON-SEA

Pharmacist required for regular Mondays, Tuesdays and/or Saturdays in a pleasant pharmacy with excellent supporting staff.

Please phone R. J. Patel on 01702 347676

### ENFIELD

Dispensing Assistant required part time. Hours by arrangement. Clean driving licence essential. To commence the beginning of June.

Please telephone 0181 3602614 (days)

## LOCUMS

### PROVINCIAL PHARMACY LOCUM SERVICES

We have over 5,000 pharmacists registered PLUS experience of handling over 250,000 bookings NATIONWIDE!

#### OUR SERVICE

- Provided by experienced staff.
- Locum bone-fides checked.
- A mobile & motivated locum pool
- NATIONWIDE COVERAGE.
- Pharmacist staff to deal with technical issues.

LEAVE THE WORRY TO US!

Please call now

Birmingham 0121-233 0233

Newcastle 0191-233 0506

Manchester 0161-766 4013

Sheffield 0114-2699 937

Edinburgh 0131-229 0900

Cardiff 01222 549174

London 01892 515963

Exeter 01392 422244

## BUSINESS FOR SALE

### ALLIANCE VALUERS & STOCKTAKERS (01423) 508172

#### LAKE DISTRICT

Retirement sale of sole village pharmacy in this much sought after area. Projected T/O FYE 30 April 1996 £455,000. NHS 3,300 per month. Freehold property only £40,000. Offers around £210,000 for GW/Fix plus SAV

#### PEMBROKESHIRE

NHS Contract, registered FSP. No goodwill required. SAV circa. £20,000.

#### LANCASTER

Leasehold town centre. T/O £525,000. NHS items 3,700 per month. Urgent sale sought, hence £200,000 for GW/Fix.

#### LEEDS

Retirement sale. Leasehold pharmacy in suburban shopping centre. T/O £280,000 from 5 day trading only. NHS items average 2,412 per month. Offers invited for GW/Fix plus SAV.

## COMPUTER SYSTEMS

### PILLS - Patient Medication Records POSHH CheckOut - EPoS



Developed and Supplied  
by Pharmacists

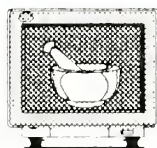


Hadley Hutt Computing Ltd,  
George Bayliss Road, Droitwich, Wores WR9 9RD  
Telephone 01905 795335 Fax: 01905 795345  
Please quote ref CD96 when replying to this ad



## COMPUTER SYSTEMS

Alchemist 3000 PMR  
dispensary system  
**NEW VERSION !!!!!**



Prophet 2000 EPOS  
Intelligent till system  
Transform your business



1st for  
**SERVICE**



We use our  
**engineers**



We deliver &  
**install FREE**

**CHEMTEC SYSTEMS LTD.**

The Old Police Station, Golden hill, Leyland PR5 2NN  
Tel (01772) 622839 FAX (01772) 622879

## DISCOVER HIDDEN DISPENSING PROFITS

WITH

**PAGE beta PLUS PMR**

Increase Profitability  
Enhance Customer Care  
Increase Staff Motivation  
Improve Communication  
Improve Efficiency  
Slash Workloads  
Provide Professional Practice Image  
Increase Flexibility

**Professional  
Dispensing Systems for  
Professional Pharmacists**

FOR DETAILS  
AND/OR A FREE DEMONSTRATION:  
**Tel: 0161 941 7011**

PAGE BETA COMPUTERS, FREEPOST ALM 1610, ALTRINCHAM, WA14 1AR

# BUSINESSlink

A FREE Service for Chemist & Druggist Subscribers

### EXCESS STOCK

**OFFERS INVITED** - 5x30 Coloplast MC2000 No 5940 (lowest exp 7/94), 9x10 Coloplast protective sheets 3210 10cm (lowest exp 12/97). Tel: 01226 286312.

**TRADE LESS 50%+VAT** - 5 Fluvirin 1996 vaccine (exp 6/96), 11 Merieux influenza vaccine 1996 (exp 7/96), ono. Tel: 01833 823732.

**TRADE LESS 30%+VAT+POSTAGE** - 5 Uro-tainer sod. chlor. 0.9%, 6 boxes Modocate inj 25mg in 1ml, 76 Arythmol 300mg tabs. Tel: 0181-946 0543.

**TRADE LESS 50%+VAT+POSTAGE** - 60 Fletchersi Enemette, 3 Evorel 50, 48 Trasidrex, 100 Bezalip, 66 Danazol 200mg, 200 Lasikal, 100 Cordilox 80mg, 100 Hydrocortone 10mg short dated. Tel: 0181-577 1413.

**TRADE LESS 30%+VAT** - 2x30 Colo-

dress Plus S863, 42 Provera 400mg, 56 Orudis 100mg, 56 Neulactil 10mg, 10 Uniparin-CA inj, 4 Burinex 2mg inj, 120 Benorylate tabs. Tel: 01443 772183.

**TRADE LESS 30%+VAT** - Surgam SA caps 2x56 (exp 5/96), 1x56 (exp 1/97). Tel: 01268 793297.

**TRADE LESS 30%+VAT+POSTAGE** - Aprinox 5mg tabs (exp 4/96), 2x100 Benorylate (exp 5/96), 5x20 Cesamet 1mg (exp 4/96). Tel: 0181-349 2909.

**TRADE LESS 40%-50%+VAT+POSTAGE** - 3x30 Coloplast pc 3000 ostomy bags 8740, 1 12x500ml Osmo-lite (exp 10/96). Tel: 01924 466283.

**TRADE LESS 25%+VAT+POSTAGE** - 18 Lustral 50mg, 60 Metenix 5mg, 60 Sando-K, 61 Rheumox 300, 50 Merbentyl, 60 Coracten 10mg, 40 Cystrin 3mg, 10 Opsite 10cm. Tel: 01963 250259.

**TRADE LESS 30%+VAT** - Loron

400mg caps x 100, Parlural 250mg tabs x 30. Tel: 0121 744 5943.

**TRADE LESS 30%+VAT+POSTAGE** - 56 Androcur 50mg (exp 8/97), 30 Coversyl 4mg (4/97), 4 boxes Diflucan 50mg (exp 1/00), 450 Epanutin 25mg (exp 5/97), 2x2 8 Hytrin 2mg (exp 7/98). Tel: 0181-950 0934.

**TRADE LESS 40%+VAT+POSTAGE** - Convatec Ileoress S835 4x10, Coloplast filter 0509 7x50. Tel: 01642 245859.

**TRADE LESS 40%+VAT** - 6x5 Britaject 20mg/2ml (exp 4/97). Tel: 0181-670 1833.

**TRADE LESS 50%+VAT** - Penbritin caps 250mg 85 packs of 28 (exp 4/99), Penbritin caps 500mg 6 packs of 28 (exp 12/98). Tel: 01242 226814.

**TRADE LESS 40%+VAT+POSTAGE** - 232 Parlodel 5mg (exp 2/00), 44

Rimactane 300 (exp 3/98), 13 Tritace 1.25mg (exp 2/98), 40 Bactrim draps (exp 6/98), 90 Daranide 50 (exp 5/98), 140 Daonil 5, 128 Semi-Daonil (exp 2/97), plus others. Tel: 01702 203244.

**TRADE LESS 30%+VAT** - 85 Fucidin tabs, 86 Baxan caps, 44 chloramphenicol caps, 41 Provera 400g, 100 Salofalk, 69 Orudis 100mg caps, 289 Eudemine tabs, 40 Nutrizym caps 44, Zinamide tabs, 200 Cedocard 20mg. Tel: 01443 772183.

**TRADE LESS 30%+VAT+POSTAGE** - 3x60 Ginkgo Biloba tabs (exp 3/97) Bio-Biloba, 4 x 100 Salazopyrin 500mg (exp 9/00), 2x380ml Keri lotion (exp 8/98). Tel: 0181-647 0006.

**TRADE LESS 50%+VAT+POSTAGE** - 2x500 Aprinox 5mg tabs, 5x20 Cesamet 1mg, 3 digoxin tabs, 2 Zovirax susp, 6 Aerobec 50mg autohaler,

## INSURANCE

# SHOP & CONTENTS INSURANCE?

Why pay more than you need to?

- ◆ Stock and Contents
- ◆ Employers Liability
- ◆ Glass
- ◆ Business Interruption
- ◆ Instalment Plan available

**Don't just take  
our word for it!**

**0171-628 3939**

For an immediate quotation

**SAVE £££'s**

*I used to be insured by another well known pharmacy insurer, but since joining the PIA scheme two years ago my premiums have almost halved.*

Mr Cohen  
Leeds

*Despite paying much lower premiums, the service has been excellent and the claims that I have had, have been dealt with very promptly.*

Mr Myers  
Sheffield

## THE PHARMACY INSURANCE AGENCY

**FOR SALE**  
EPOS system with 3 cashwise tills with central computer. £1,000 ono.

Contact R. A. Hopkins Ltd  
615 Hitchin Road,  
Luton  
Tel: 01582 23115

### EXCESS STOCK CAUTION

Pharmacists are responsible for the quality, safety and efficacy of medicines they supply. In purchasing from sources other than manufacturers or licensed wholesalers, they must satisfy themselves about product history, conditions of storage and so on.



# The Power of Multiples... ...the Privilege of Independence.

**Independent Pharmacists  
"Profit from Professionalism"**

**Become a member of the  
UK's  
fastest growing group**

● JOIN US NOW ●

Wish to become a member?  
Please contact us Today.

*Nucare*

**Nucare plc**  
447 Kenton Road  
Harrow  
Middlesex HA3 0XY  
Tel: 0181-732 2772  
Fax: 0181-732 2774

**PRACTICE  
LEAFLETS**

*New Proprietor? - Make your mark! Out with the old in with the new. Original and artistic practice leaflets that promote your business. Run by a pharmacist for pharmacy.*

Tel/Fax: (0116) 2513577

## BUSINESSlink

A FREE Service for Chemist & Druggist Subscribers

7 pilocarpine 4% Stemetil suppositories. Tel: 0181-854 8045.

**TRADE LESS 50%+VAT+POSTAGE** - 16 Importal, 133 Danazol 100mg, 40 Minodib 2.5mg, 3 Targocid 400mg, 2x2g Fortum, 50 Cesamet, 30 Mycobutin 150mg, 12 Litarex, 78 Loniten 5mg. Tel: 0181-874 1495.

**TRADE LESS 50%+VAT** - Biotrol Elite stoma bags 32-815 18x30, Dansac Unique 15-66mm 322-15 2x30, Pentasa enemas 3 7x100ml. Tel: 01424 421072.

**TRADE LESS 30%+VAT+POSTAGE** - 9x30 Colodress Plus patches S863, 1x5 Stomahesive wafers S100. Tel: 01264 352183.

**TRADE LESS 30%+VAT+POSTAGE** - Convatec Surgicare System 2 code S247 5x14, S354 5x6, S272 10x12. Tel: 01285 651431.

**TRADE LESS 50%+VAT+POSTAGE** - 16 Importal, 133 Danazol 100mg, 40

Minodib 2.5mg, 3 Targocid 400mg, 2x2g Fortum, 50 Cesamet, 30 Mycobutin 150mg, 12 Litarex, 78 Loniten 5mg. Tel: 0181-874 1495.

**TRADE LESS 50%+VAT** - Biotrol Elite stoma bags 32-815 18x30, Dansac Unique 15-66mm 322-15 2x30, Pentasa enemas 3 7x100ml. Tel: 01424 421072.

**TRADE LESS 30%+VAT+POSTAGE** - 9x30 Colodress plus patches S863, 1x5 Stomahesive wafers S100. Tel: 01264 352183.

**TRADE LESS 30%+VAT+POSTAGE** - Convatec Surgicare System 2 code S247 5x14, S354 5x6, S272 10x12. Tel: 01285 651431.

**TRADE LESS 20%+VAT** - 4x10 Desferal 0.5g vials, 5 Roferon A sol 9miu (all long dated). Trade less 30%+VAT - Arynthol 150mg 1x3 (exp 1/99). Tel: 0181-866 1400.

**TRADE LESS 40%+VAT** - Picolax

**medielite plc**

TEL: 0181-841 4144

FAX: 0181 841 8390

S P S P S  
E P E P E  
C I C I C  
A L A L A

**KODAK GOLD FILM**

NETT PRICE % OFF TRADE

GA 135x24 EXPS (100ASA)	1.48	40%
GA 135x36 EXPS (100ASA)	1.90	40%
GB 135x24 EXPS (200ASA)	1.79	33%
GB 135x36 EXPS (200ASA)	2.26	33%
GC 135x24 EXPS (400ASA)	2.21	22%
GC 135x36 EXPS (400ASA)	2.76	22%
KODAK FUN CAMERA	2.99	

E&OE - GOODS SUBJECT TO AVAILABILITY

**MEDIELITE PLC**

**BELVUE BUSINESS CENTRE  
UNITS 16 & 17 BELVUE ROAD  
NORTHOLT, MIDDX UB5 5QQ**

TEL: 0181 841 4144 FAX: 0181 841 8390

**If you want to be a  
market leader, then use  
the market leader -  
Call Chemist and Druggist**

sachets (exp 6/96), Septrin Forte (exp 8/96), Septrin liq (exp 9/7), Lasikal (99), Didronel tabs 200mg (11/96), Limbriol 10mg (exp 11/96), Sinemet LS (exp 11/96), Migravess tabs (exp 7/96), Bricanyl SA (exp 9/96). Tel: 0181-546 5783.

**TRADE LESS 40%+VAT** - Ventide Rotacaps (exp 10/96), Epanutin susp (exp 9/96), Alupent inhaler (exp 6/96), Questran A sach (exp 9/96), Benoral susp (exp 8/96), Pulmicort Resp 0.5mg/2ml (exp 6/96), Normacol plus sachet (exp 6/96). Tel: 0181-546 5783.

**TRADE LESS 25%+VAT+POSTAGE** - 3x30 Sandinnum 100mg (exp 9/98), 55x25mg Sandinnum 25mg (exp 9/98), 120 Hexopal Forte (exp 3/98). Tel: 01252 542807.

**TRADE LESS 25%+VAT** - Tagamet 400mg 60is (exp 7/00). Tel: 01584 810480.

**TRADE LESS 30%+VAT+POSTAGE** - 8 inj Gentacin (exp 10/98), 24 inj Serenace (exp 4/97), 20 inj Valoid (exp 6/99), 5 syr Burinex (exp 5/97) 56 tabs Plaque-nal (exp 7/96), 150 sachets Questran (exp 11/99). Tel: 0181-672 7461.

**TRADE LESS 30%+VAT** - Cidomycin

inj 80mg/2ml, Seravit paed, Rifadin inj 600mg, PVC ring pessary 80mm. Tel: 0171-249 2441.

**TRADE LESS 40%+VAT** - Lurselle (exp 11/96), Lopid 300 caps (exp 10/96), Honvan (exp 9/96), Neurontin 100mg (exp 11/96), Meptid (exp 11/96), Maxepa (exp 11/96), Neulactil 100mg (exp 9/97), Depomedrone 1ml with Lidocaine (exp 12/96), Oxivent inhaler (exp 9/97). Tel: 0181-546 5783.

**FOR SALE**

**PHARMACY SHOPFITTINGS** - Excellent quality, glass perfume cabinets to fit 1,000sq ft unit, gondolas, dispensary fittings, counters, Olivetti 286 PMR computers. Tel: 01222 463175.

**WOODEN GONDOLAS** - High quality. Glass cabinets and counter cabinets, green cross sign. Tel: 0181-527 1358.

**WANTED**

**WANTED** - Sandinnum caps any strength, Zoladex inj, Eprex 4000iu vials or inj, Lamictal 25mg disp or 100mg, Biotrol elite 32830. Tel: 01708 524015.



## PRODUCTS AND SERVICES

# + CAMRx +

FOCUSING ON THE FUTURE  
PERSONAL AND VALUABLE  
SERVICE AT ALL TIMES

**JOIN THE GROWING BAND  
OF PEOPLE WHO INCREASE  
THEIR PROFITS BY £££££'s**

1. A vital invaluable formidable negotiating base will pack a real punch.
2. Group **BUYING POWER** adds pounds to your pocket.
3. Our negotiating skills, contacts and know how will bring you extra savings from numerous companies.

**COULD REVOLUTIONISE YOUR BUSINESS**

54/62 Silver Street, Whitwick, Leicestershire LE67 3ET  
TEL: 01530 510520 FAX: 01530 811590

RING FOR DETAILS ON  
FREEPHONE 0800 526074

## SHOPFITTINGS

GILES PHARMACY  
Warndon · Worc.



**SDC**  
THE  
COMPLETE  
SHOPFITTER

TEL 01934 418944  
FAX 01934 412898

**CREATING THE RIGHT IMAGE  
AT THE RIGHT PRICE!**

9 Lynx Crescent, Weston Ind Est., Weston-super-Mare BS24 9DJ

**WOODSTYLE**  
SHOPFITTING AND DESIGN

**SPECIALISTS IN RETAIL PHARMACY  
AND DISPENSARY SHOPFITTING**

APPROVED BY THE N.P.A.  
CALL NOW FOR DETAILS

Edison Road, St Ives Industrial Estate, St Ives  
Huntingdon, Cambs PE17 4LF  
Telephone: 01480 494262 Fax: 01480 495826

## SHOPFITTINGS

*Martex*  
**SHOPFITTING**

FROM LOW COST PERIMETER SHELVING TO  
UPMARKET PERFUMERY SHOWCASES TRADITIONAL  
OR CONTINENTAL DISPENSARIES

CONTACT **MARTIN BAGG** FOR A COMPLETE  
SHOPFITTING SERVICE FOR THE PHARMACIST

**01392-216606**

## STOCKTAKERS

**FRANKLAND & Co.**

**STOCKTAKERS, VALUERS & TRANSFER AGENTS**

219 Harrison Road, Belgrave, Leicester, LE4 6QN  
Telephone: (0116) 266 5299 Facsimile: (0116) 261 0284

**SPECIALISTS IN PHARMACY STOCKTAKING NATIONWIDE**



Member of the Trade Valuers Institute

Comprehensive  
stocktaking and  
business transfer  
service



A QUALITY  
ASSURED ORGANIZATION

## STOCK WANTED

### WANTED

Old chemist shop fittings, drug runs, bow  
cabinets etc.

Complete shop interiors purchased. We try  
hardest, travel furthest, pay more.

Telephone **01327 349249**

Eves **341192**

Fax: **01327 349397**

### CHEMIST - WANTED - PHARMACY

Surplus Coloured Glass Bottles and Jars Wanted  
Black Glass Jars Drug Jars — Blue or Green.  
Blue Castor Oils. Coloured Soda Syphons.  
"Admiralty" Square Blue Poisons. Spare Stoppers.  
Common Blue "Not to be taken" Poisons — All shapes  
Mixed Assortments of Surplus Bottles as above.

Contact: **Eric Padfield,**  
18 Mulberry Gardens, Sherborne, Dorset.  
Tel: 01935 816073 Fax: 01935 814181

## VETERINARY SERVICES



**'VETCHEM'**

PROMOTING ANIMAL HEALTH THROUGH PHARMACY

**NEW!** Furexel Horse Wormer Paste — Avermectin Broad Spectrum  
12½% Special Offer on 20

**PHONE FOR DETAILS 0800 387348**

Brian G. Spencer Ltd, Common Lane, Fradley, Lichfield, Staffs WS13 8LQ

**The Classified deadline for the next issue  
is Tuesday 2nd April at 4pm.**



## Medical mission to South Africa

Paul Campbell will be swapping his pestle and mortar for a stethoscope when he undertakes an elective at a mission hospital in South Africa this summer.

Mr Campbell, a qualified pharmacist, is also a third-year medical student at Glasgow and has chosen the small town of Mariannhill near Durban to do a four-week compulsory elective as part of his medical training.

"I chose South Africa because I wanted to see what medicine was like in the Third World. As it happens, St Mary's Mission Hospital is of Second World standards," says Mr Campbell.

Munro Wholesale Medical,

where he works as a part-time locum, is giving him a helping hand by sponsoring his flight and accommodation – he will be staying at a guest house run by the Benedictine nuns who work at the mission. The company also plans to send medical supplies, such as oral dehydration sachets, swabs and gloves.

After the elective, Mr Campbell plans to see the rest of the country and nearby Zimbabwe and Tanzania "depending on time and financial constraints".

Mr Campbell graduated in 1992 from Strathclyde University and started medical school in Glasgow after his pre-reg.

## Headache, sir? Here, why not try a walnut?

If you're into alternative 'alternative' therapies, then maybe 'Abracadabra, the Magic of Medicine' exhibition coming up at the Wellcome Institute for the History of Medicine is for you.

The exhibition looks at both Eastern and Western medical traditions, as well as folk practices

around the world. Apparently, in the 16th century, walnuts were used as a remedy for headaches.

The Magic of Medicine runs from May 24 to September 28 at the Wellcome Institute for the History of Medicine, London, and is open to the general public (free of charge).

### APPOINTMENTS



Chris Etherington, Unichem

Chris Etherington has been appointed to the position of deputy managing director of Unichem's wholesale division. He will report directly to Jeffrey Harris, Unichem's chief executive and managing director of wholesale. Mr Etherington's team at the company will comprise of Keith Slater, head of management services; Cliff Irwin, divisional financial controller; and Tony Jackson, head of operations.

The board of London International Group has appointed Roger Matthews and Linda Collier as non-executive directors.

The Pifco Group has recruited Beverley Martin as group marketing director with responsibility for the company's Pifco, Salton, Carmen, Russell Hobbs and Tower brands.



Watching television at work won't be as much of a no-no for staff at R M Jones pharmacy in Hay on Wye now they've won the Robinson Healthcare 'All the Fun of the Fair' promotion. The Powys' pharmacy team, led by manager Nadia Morrison, bagged the top prize of a combined video and television – to be used for in-store promotions, as well as staff training. Pictured are Steve Gwilliam of Robinson Healthcare, with (from left to right): Nadia Morrison, Ivy Parrington (seated), Tina Bafton, Lorraine Perry and Jennifer Anthony

## Whatever you do, don't look down!

Abseiling down a 60ft sheer cliff may not be on your Easter Sunday list of things to do, but for seven members of staff from the Inverness branch of the National Co-operative Chemists it's top of their agenda.

The team, led by pharmacist manager Mary Struthers, is 'going over the edge' in aid of the Cancer Research Campaign.

The idea was thought up by Rona Dalgarno, the pharmacy's dispensing technician, who has previously taught abseiling to a local Scouts group. However, all other members of the team are novices when it comes to climbing, let alone abseiling.

So, are they nervous? "Appre-

hensive," admits Ms Struthers, who adds that it will be only on the day that they'll find out if anyone in the team suffers from vertigo! She is grateful for the technical back-up being supplied by the Dundonnell Mountain Rescue Team. It is supplying the equipment and, laughs Mary, will be there to "save our necks!"

The pharmacy daredevils will be collecting local sponsorship and donations on Easter Saturday when they'll be setting up a stall outside their store. But if Inverness is a little too far for you to go, Mary says donations can be sent to her at: National Co-operative Chemists, Milton of Inshes, Inverness IV2 3TW.



Garrett Maguire of Maguire's Pharmacy, Belfast, collects the prize for the most eye-catching window display in a Cow & Gate competition. The £750 prize was presented by representative Fiona Munroe



*The 1996 NPA Challenge Cup, organised in conjunction with Pharmacy Today and Chemist & Druggist, will take place at the Aldenham Golf and Country Club, just off the M25/M1, on Tuesday, June 11th.*

# The 1996 NPA Challenge Cup



**J**oin us for a great day's golf at the Aldenham Golf and Country Club and play the challenging course in the company of other pharmacists. Tournament play will be for the prestigious 'NPA Challenge Cup' together with other competitions and individual prizes.

Open to all golfers, our annual golf day on June 11th is fast approaching. Places are limited, so anyone who has not registered their interest in playing should do so by returning the form below as soon as possible.



The full day's golf and hospitality will start when players arrive and enjoy coffee and biscuits and pick up their score cards, before teeing off for the morning team competition over 9 holes.

Following lunch the individual competition will begin. This Stableford rules competition will be played over 18 holes and incorporates integral competitions, plus other individual prizes.

After the day's golf, players will be able to relax over a drink before the evening three course dinner, speeches and prize giving ceremony, where the overall winner will claim the handsome 'NPA Challenge Cup'.



**Fee for the full day's activities is £68 including VAT.**

## It's a day not to be missed

**Send off the coupon today to:**

**Richard Langrish Associates,  
Osborne House,  
13-19 Ventnor Road,  
Sutton,  
Surrey, SM2 6AQ.**

**Or fax it to: 0181 288 0844.**

**For further details,  
call Richard Langrish  
on: 0181 288 0833.**

Please send me \_\_\_\_\_ (no of persons) tickets for the 1996 NPA Challenge Cup

I enclose a cheque for \_\_\_\_\_ made payable to Richard Langrish Associates

Name \_\_\_\_\_

Pharmacy Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Handicap \_\_\_\_\_



# Customers are crying out for it



#### PRODUCT INFORMATION:

Gerard House  
Reumalex Tablets.

**Indications:** Traditional herbal remedy for the symptomatic relief of rheumatic aches and pains, fibrositis, lumbago, backache and stiffness.

**Dosage and Administration:** Adults and the elderly: two tablets after breakfast and evening meal.

**Precautions and warnings:** Not recommended for children, avoid taking during pregnancy unless prescribed by a doctor.

**Product Licence Number:** PL 1661 / 5016R.

**Licence Holder:** Gerard House Ltd, Luton, LU1 3LU.

**Legal Category:** GSL.

**Price:** 60s £4.12 (excl. VAT).

**Date:** January 1996.

## Stock up now!

- New advertising campaign for 1996
- Promotional spend boosted to £250,000
- Profit from explosive demand for herbal brands



*The specialists in herbal medicine*



*Relief from rheumatic pain-naturally*

Reumalex: Pulverised Guaiacum Resin BHP; Pulverised Black Cohosh BHP; Pulverised White Willow Bark BHP; Pulverised Sarsaparilla; Pulverised Poplar Bark. Gerard House, 475 Capability Green, Luton LU1 3LU. Telephone: 01582 487331